No.

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PHYSICIANS should state of OCCUPATION Is very RECORD Exact statement PERMANENT stated EXACTLY. properly classified. 4 should be WRITE PLAINLY, WITH UNFADING INK-THIS IS AGE carefully supplied. Every liem of information should be carefully supplied, CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

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Filed boh 14, 1914 Chasof

state

PLACE OF DEATH 9583 STATE OF MARYLAND CERTIFICATE OF DEATH

County Chane Chundel	CERTIFICATE OF BEATH
Village or City Brooklyn (No. 2.	Registration Dist, No. 2 U 1. Sixth St.; Ward) St.; Ward) Coton Registration Dist, No. 2 U [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
Hemal Hhite Single, Married, Wilsowed Orbivorge (Write the word)	18 DATE OF DEATH (Month) (Day (Year)
July 4, 1857 (Month) (Day (Year)	that I last saw h alive on tel 13,1914
7 AGE (SOUTH) (Pay (Tear) 1	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer)	Cerbral Himonkage (Ouration) yrs mos da
SBIRTHPLACE (State or country) Mary land	Contributory Secondary (Duration) yrs mos ds
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OURS SCHOOL PROPRIED 13 MAIDEN NAME OURS SCHOOL OURS SCHOOL OURS SCHOOL OURS SCHOOL OURS OURS SCHOOL OURS OURS OURS OURS OURS OURS OURS OUR	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJUAY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
OF MOTHER Margaret Hertz 13 BIRTHPLACE OF MOTHER (State or country) Margland 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Interment) Magois M fullmore	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death yrs, mos, ds Where was disease contracted, If not af place of death?
(Interment) Hagges the Hillmore (Address) 2 Re. Sixth St Brooklyn	Former or usual residence

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

Demelory

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers Groccity; (a) Foreman, (b) Automobile factory. who have no occupation whatever, write None. cated thus: CAUSINO DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton milt; (a) Salesman, (b) it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-thus: Farmer (retired 6 yrs.) For persons Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

oma, Sarcoma, etc., of...... (name origin; "Cansucb, if impossible to determine definitely. Examples: mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. Exvalvular heart disease; Chronic interstitial nephritis, nant neoplusms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligsepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerreral peritonitis," etc. State cause for childbirth or miscarriage as "Puenpenal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencladent; Revolver wound of head-homicide; Poisoned Accidentat drowning; Struck by railway train-acci-"Contributory." The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Semile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



MARGIN

V. S. No. 1.

N. B.-

Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.

RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

1 PLACE OF DEATH

County a. a.



9584

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

Illage or City annofoct nd (No. 79, Sashington St.; 3	Ward)
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Rdams

[if death occurred in a hospital or institution, give its NAME Instead of street and number.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
3 si	ale Color of flace Single, Married, Wilowed, Oppivorceb (Write the word)	16 DATE OF DEATH October 25, 191 (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 D	TE OF BIRTH	
	(Month) (Day (Year)	that I last saw h wally on Clober 25, 1914.
TAG	if LESS than	and that death occurred on the date stated above, at 2 Pm.
	54 yrs mos Alayds OR min.?	The CAUSE OF DEATH* was as follows:
(2)	Trade, profession, or ticular kind of work Comestice Carks	Heart Failure
(b) bus	General nature of Industry, ness, or establishment in ch employed (or employer)	(Duration) yrs mos ds.
9 81	RTHPLACE (State or country) a. a. co. ma	Gontributory Via betie Tangrene Secondary
	10 NAME OF FATHER Who adams	(Signed) Lewborse Tarein, N. D.
PARENTS	of father (State or country) (m hu own	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
ARE	12 MAIDEN NAME OF MOTHER	TAL, SUICIDAL, or HOMICIDAL.
Д.	13 BIRTHPLACE OF MOTHER (State or country)	19 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs mos ds. State yrs mos ds
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
	interment) George adams Son	If not at place of death?————————————————————————————————————
	(Address) 81 Hushmagton St	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 Fli	Oct 28 1914 Mugnelch	20 yN DERTAKER ADDRESS ADDRESS
	REGISTRAR	Samuel allen 32 Northwest at

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

mine, etc. Women at home, who are engaged in the additional line is provided for the latter statement; ness of various pursuits can be known. The question tion is very important, so that the relative heaithfuiwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first live will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pueumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-less of lungs, meninges, peritonaeum, etc., Carcin-

nant neopiasms); Meastes; Whooping cough; Chronic ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as cause. Always qualify all diseases resuiting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronie interstitial nephritis, cer" is less definite; avoid use of "Tumor" for malig oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenciasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (c. g., which surgical operation was undertaken. mia," "PUERFERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puenperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Seniic," etc.), "Dropsy," "Exhaustion," "Coliapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) "Contributory." by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train—aecisuch, if impossible to determine definitely. Examples: The contributory (secondary or intercurrent) (Recommendations on statement of



W. B. No. 1.

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PLACE OF DEATH 10449	STATE OF MARYLAND
Faunty (1) a	CERTIFICATE OF DEATH
pounty.	Registration Dist. No.
End Disort	fif death occurred in
Village or City (No. 100)	St.; Ward) a hospital or institution,
* FULL NAME Conton an	dersoul give its NAME instead et street and number.]
PERSONAL AND STATISTICAL PARTICULARS,	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OF RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED,	18 DATE OF DEATH (Month) (Day) (Year)
Male or Diverces (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH IN RAMEDIAN	, 191, to, 191,
(Month) (Day) (Year)	that I last saw halive on, 191
7 AGE It LESS than	and that death occurred on the date stated above, at
1 day,hrs. ormin.?	The CAUSE OF DEATH* was as follows:
B OCCUPATION	ff.
(a) Frade, profession, or	(ACCALLAL
particular kind of work (b) General nature of Industry,	
business, or establishment in which employed (or employer)	Burahon 1 yea mos ds.
9 BIRTHPLACE	Contributory (Secondary)
(State or country) Lem any	(Duration) vrs mos w/ds
10 NAME OF TATHER	(Sigged) James of Hower order
11 BIRTHPLACE	1600 3 1914 (Address) By 1 1 last not
IN BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or In deaths from Vioyens
C 12 MAIDEN NAME OF MOTHER	CAUSES, state (1) MEANS OF INJURY; and (2) whether Accident
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTA, OR RECENT RESIDENTS)
OF MOTHER (State or country)	At place to the of death yrs mos ds. State yrs mos ds.
14THE ABOVE IS THUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
Buttak (marchete	If not at place of death?
(Informant) of Survey aradical	usual residence
(Address) & fayell St.	19 PLACE OF BURIAL OR REMOVAL BATE OF BURIAL
16 1200 5 W 1 OF A 11 D has	111 dever emeley 101 2 , 191 f.
Filed 1000 3 , 191 4 J. N. J. J. M. 74	26 UNDERTAKER ATTE
REGISTRAŘ	100 . 13 - CO OK 1003 W 1200 08
of the more blanks are needed, address State Registra	r, & E. Franklin St., Balto., Requesting V. S. No. 1. Balto

[Approved by U. S. Census and American Public Health Association.]

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No. vi

PHYSICIANS should of OCCUPATION RECORD PERMANENT properly UNFADING PLAINLY 1 5 DEATH WRITE ö OF Every It

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Instructions

mportant.

9585 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [if death occurred in a hospital or lostitution, give its NAME Instead of street and comber.] PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 4 COLOR OA RACE MARRIED. WIDOWED, (Month) (Day (Year) ORDIVORCED (Write the word) That I attanded deserred from onth) (Day (Year) TAGE If LESS than and that desth occurred on the data stated above, t day,....hrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of lodustry. business, or establishment in which employed (or employer) -----9 BIRTHPLACE (State or country) Contributory Secondary (Doratio 10 NAME OF FATHER. 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAM OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONA, TRANSIENTA, OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ____ mos. ___ State _____ yrs. ____ mos. Where was disease contracted, if not at place of death?. Former or osual residence 15 REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold dieumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

"Contributory." nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tctanus) may be stated under the head injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaeeause. Always qualify ail diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenitai," "Seniie," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminai conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease eausing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for malig oma, Sarcoma, etc., of...... (name origin; "Can-The contributory (Recommendations on statement of (secondary or intercurrent) For VIO-



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1.

1 PLACE OF DEATH

9586 anne Connolel



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No._

					Legisti atit	
Village or City	Corner	ville	(No. Plate	t Hospital	St.;	.Ward)
			0			

[If death occurred la a hospital or institution, give its NAME instead

2 FULL NAME Vote Barcley -	000000000000000000000000000000000000000
PERSONAL AND STATISTICAL PARTICULARS MEDICAL	L CERTIFICATE OF DEATH
Wale Black Single, Married, Widowed, Straft, Option of the word) 4 COLOR OR RACE Single, Married, Widowed, Windowscape (Write the word)	(Month) (Day (Year)
17 I RERES	Y CERTIFY, That I attended deceased from 1914, to Celebra 2, 1914, solive on Celebra 2, 1914.
TAGE 40? Inclumn 1 day, hrs. OR min.? B OCCUPATION (a) Trade, profession, or	4
particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE Contributory	(Duration) yrs 9 mos ds.
(State or country) Many Court 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) Muleum *State the Disease (CAUSES state (1) ME	(Duration)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE 15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE 16 In oil at place of death?	ICIDAL. ICE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, In the F. H. State yrs, Mes. ds
(informant) (Address) (Address)	R REMOVAL CINCLEY ADDRESS LOGIC Street L

[Approved by U. S. Census and American Public Health Association.]

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BINDING FOR ESERVED Œ MARGIN

V. S. No. 1

PERMANENT EXACTLY. pe AGE INK carefully supplied. UNFADING pe of Information should PLAINLY, WRITE

PH SICIANS should state of OCOMPATION Is very RECORD Exact statement properly classified. may be certificate. that It 80 of See instructions on back CAUSE OF Important. S

9587 1 PLACE OF DEATH County.

STATE OF MARYLAND CERTIFICATE OF DEATH

Village or City	2	eabella l	wole alley Bluckst	Registration Dist. St.; Ward)	[It death occurred in a hospital or institution, give its MAME instead of street and number.]
PERSO	ONAL AND STATISTIC	CAL PARTICULARS	MEDIC	AL CERTIFICATE OF	DEATH
Femula	Clered:	SINGLE, MARRIED, WIDDWED, ORDIVORGED (Write the word)		(Month)	(Day (Year)
6 DATE OF BIRT	H Mul	(Day (Year)	01111	1914, to	attended deceased from 191 M
⁷ AGE	5-1	It LESS than 1 day,hrs. ORmin. ?	and that death occurre The CAUSE OF DEATH	d on the date stated a	bove, at 11.48 P
8 OCCUPATION (a) Trade, protession particular kind of w		wife.	Several	month	ahro me
(b) General nature business, or estab which employed (or	of Industry, iishment In	U	Indelina	(Duration)	YMMNSTA YS
9 BIRTHPLACE (State or cou	mary	land	Contributory. Secondary	Ceart (Duration)	yrs mos

FATHER PARENTS BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME

OF MOTHER OF MOTHER (State or country)

15 REGISTRAR

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, At place In the

State ___ Where was disease contracted. It not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

If more blanks are needed, address State Registrat 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

causing death, state occupation at beginning of ilishould be taken to report specifically the occupations gainfuily employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of ago. ness of various pursuits can be known. The question (a) Spinner, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return (b) Cotton mill; (a) Salcsman, "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

oma, Sarcoma, etc., of..... (name origin; "Canmia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Wcakness," ampie: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neopiasms); Measles; Whooping cough; Chronic ture of the American Medicai Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of For vio-



PHYSICIANS should state of OCCUPATION Is very RECORD Exact statement PERMANENT stated EXACTLY. properly classifled. 4 pe should AGE INK carefully supplied. may be UNFADING that it 80 WITH be DEATH in plain terms, See instructions on back Information should PLAINLY, WRITE of Item 10 Every Item CAUSE OF Important.

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certificate. 0

9588 1 PLACE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. Write the word) 6 DATE OF BIRTH (Day) (Month) (Year) 7 AGE If LESS than 1 day,hrs. BOCCUPATION (a) Frade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country Former or (Intormant) usual residence REGISTRAR

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

t.;Ward)	[if death occurred in a hospital or institution, give its NAME instead of street and number.]
······	of officer and names.]

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH Oct 15th (Month) (Day) (Year)
17 ! HEREBY CERTIFY, That I attended deceased from
Que/0 , 1914, to Qes /4 , 1914
that I last saw he alive on OWIY
and that death occurred on the date stated above, at 8 m
The CAUSE OF DEATH* was as follows:
Cerebral themmage
Contributory Paralysis (Secondary)
ds. (Duration) yrs mos ds.
(Signed) 20 hr Cerelland, M. D.
OceNIA, 1914. (Addresa) Down Rive Ma
*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place to the
of death yrs, mos ds. State yrs, mos ds. Where was disease contracted, If not at place of death?

20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specicases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative mealthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salcsman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman," The (4)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purnerral, septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. "Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mailsmere symptoms or terminal conditions, such as "Asoma. Sarcoma. etc., of ... The contributory Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," (name origin; "Candeath), "Exhaustion," Never report 29 da.;



V. S. No. 1.

N. B.-

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

9589 1 PLACE OF DEATH

and amolel



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

(No. Plato No	must - st: War	d)
		-/

[If death occurred in a hospital or Institution, give its NAME Instead

FULL NAME Charles Burner.	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Well Clark Single, Married, Wisoweo, Write the word)	16 DATE OF DEATH (Month) (Day (Year)
TAGE TAGE	that I last saw h m alive on Confid 2 f., 191 4. and that death occurred on the date stated above, at \$20 9 m.
8 3 yrs mos ds. or min.?	The CAUSE OF DEATH* was as follows: Ganeral Polypis of the lucany
(b) General nature of industry, business, or establishment in which employed (or employer)	(Ouration) / yrs 2 mos — ds.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER	(Signed) (Si
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSJENTS, OR RECENT RESIDENTS) At place of death
(Informant) Hapital Rearies. (Address) Filed 29 ,191 X	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Land Control County Date of Burial County 29, 191 \(\text{20} \) QNDERTAKER ADDRESS
If more blanks are needed, address State Regis	Strar. 6 E. Franklin St. Balto Boowsting V S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. As examp (a) Spinner, (b) Cotton mill; (a) Salcsman, Grocery; (a) Foreman, (b) Automobile factory. cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestle service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question who have no occupation whatever, write None. causing death, state occupation at beginning of illbeen changed or given up on account of the disease should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very Important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: (4)

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nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of..... (name origin; "Canmia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. Always qualify all discases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; valvular hoart disease; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inaultion," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. The contributory (Recommendations on statement of (secondary or intercurrent)



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PHYSICIANS should state OCCUPATION RECORD 0 statement PERMANENT classifled. should properly NK supplied. pe UNFADING may certificate. carefully that it 80 jo back terms. 50 plain instructions 2 of Inform DEATH See Item OF Every item CAUSE OF Important.

Very

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in a hospitaj or Institution, give its NAME instead Chan of street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX OR RACE 5 SINGLE, MARRIED. WIDOWED, ORDIVORCED (Write the word) (Month) HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at f day hrs. The CAUSE OF DEATH* was as follows: OR 7 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER ARENTS *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-(State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Af place OF MOTHER (State or country) of death _____ yrs. ____ mos. ___ ds. State _____ yrs. ____ mos. Where was disease contracted. if not at piace of death?-Former or usual residence (Address) -----15

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the Insease causing neath (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., scpsis, tctanus) may be stated under the head of "Contributory." (Recommendations on statement of childbirth or miscarriage as "Puerperal septichaeture of the American Medical Association.) cause of death approved by Committee on Nomenciaby carbolic acid—probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICINAL, OF HOMICINAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Tuerperal peritonitis," etc. State eause for ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inaultion," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailgoma, Sarcoma, etc., of...... (name origin; "Can-The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," ete.), (secondary or intercurrent) "Dropsy," "Exhaustion,"



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

V. S. No. 1.

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor	¹ PLAC	E OF DEATH	9591	40	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No.
Vill		Annopo	liz (No.	31 , c lh .A.	North Mest St.; 3 Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSO	NAL AND STATISTIC	CAL PARTICULA	RS	MEDICAL CERTIFICATE OF DEATH
3 SE	hale	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the wor	Certococo	16 DATE OF DEATH ON 1914 (Month) (Day (Year)
8 D/	TE OF BIRTH	1	(() File the wor	<u>u)</u>	I HEREBY CERTIFY, That I attended deceased from
		(Month)	(Day	, 1875 (Year)	that I last saw h. Las alive on Oct 20, 1914.
TAC	GE /		× / ~	If LESS than 1 day,hrs.	and that death occurred on the date stated above, at 7 .m.,
		/ yrs	mos. 2 3 ds.	ORmin. ?	The CAUSE OF DEATH* was as follows:
(a)	CCUPATION Trade, profession, ticular kind of wo		e Migle		Cancer of Thomast
bus	General nature o iness, or establi ch employed (or e	shment in	•••••		(Duration) 2 yrs. mos. ds.
9 BI	RTHPLACE (State or cour	ntry) anna	polia (md	Secondary (Buration)
	10 NAME OF FATHER	Ralp	h Bas	il,	(Signed) Mystel M. D.
ITS	11 BIRTHPL	IER /	VP h.	med	Car 19, 1914 (Address) annique
ARENTS	12 MAIDEN OF MOT	NAME AL	Ch Kour	a.a.co	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-
C.	13 BIRTHPLA OF MOTH (State or	country fauls	Riur a	a con	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds
	(Interment)	TRUE TO THE BES	T OF MY KNOWL	EDGE	Where was disease contracted, If not at place of death?————————————————————————————————————
	(Address)	hus Ita les	st st	31	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 File	of Och 2	9 ,1814 DM	usmile	REGISTRAR	20 UNDERTAKER B J Happing CV 418 Calfredral
	g	If more blanks a			trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At school or At home. Care material worked on may form part of the second it should be used only when needed. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question should be taken to report specifically the occupations (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary Areman, etc. But in many For many occupations a single word or term on the applies to each aud every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," -Precise statement of occupa-As examples: (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anacmia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Cansepsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, "Contributory." (Recommendations on statement of Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronchopncumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the The contributory Measics (disease causing death), 29 ds.; (secondary or intercurrent) Never report



PHYSICIANS should state

AGE should be stated EXACTLY.

carefully supplied.

of information should be

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C	ount a G. (104)	CERTIFICATE OF DEATH
		Registration Dist, No.
y	illage or City Annapolis (No. File	St.; 2 Ward) [it death occurred in a hospital or institution, give its NAME instead
	2FULL NAME Joseph Co	of street and nomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Mali, Colored 5 single, Married, Widowco, Opolyonced (Write the word)	(Month) (Day (Year)
-	DATE OF BIRTH	Sept Service CERTIFY, That I attended designed from
7	(Month) (Day (Year)	that I last saw have alive on Community 191.
	AGE if LESS than t day,hrs. ORmin,?	and that death occurred on the date stated above, at
	OCCUPATION (a) Trade, protession, or	Sas no-entertis
6	b) General nature of industry, usiness, or establishment in rhich employed (or employer)	Several (Duration) Ayrs, mos. ds
-	(State or country) Churafaolis Ma	Gontributory Chaus hand
	10 NAME OF FATHER Chailes Connor	(Signed) (Duration) yrs most dis
ARENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from Vicinity Causes, state (1) Hears of Injury; and (2) whether Coldens
PAR	12 MAIDEN NAME Mary Day	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSPINS
	13 BIRTHPLACE OF MOTHER (State or country) Mary land	At place In the of death yrs mos ds. State yrs mos ds
14	(Informant) Perior The BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?————————————————————————————————————
	(Address) Fleet Europol U14	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16	Tiled Och 7, 1914 Mrs Welch	20 UNDERTAKER for ADDRESS
=	If more blanks are needed, address State Regis	iter, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

statement. Never return "Laborer," "Foreman," cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as (a) Spinner, it should be used only when necded. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the (b) Cotton mill; (a) Salesman, As examples: (4)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite): Tuberculesis of tungs, meninges, peritonaeum, etc., Carcin-

cause. Always qualify all diseases resulting from valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mally oma, Sarcoma, etc., of..... (name origin; "Cansepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerreral peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal schichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Wcakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., "Heart failure," "Haemorrhage," "Inanition," "Maras-".Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vio-The contributory (secondary or intercurrent) Measles (disease eausing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of



S. No. 1

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PHYSICIANS should state of OCCUPATION Is very RECORD Exact statement PERMANENT EXACTLY. stated 4 properly classified. WRITE PLAINLY, WITH UNFADING INK-THIS IS AGE carefully supplied. may be certificate. See instructions on back of CAUSE OF I

1 PLACE OF DEATH

County a.a. Co

9593



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

Village or City amay ois md (No. 162, Duke of Glochitist; 2 Ward)

Ilt death occurred le a hospital or institution, give its NAME instead of street and nomber.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH OCTOBER 19 14 (Month) (Day (Year) 17 I HEREBY CERTIFY. That I attended deceased from
6 DA	TE OF BIRTH	may 10 high to Oct 18 high 1914
	(Month) (Day (Year)	that I last saw h ST alive on Oct 183 , 1914
7 AG		and that desth occurred on the date stated above, at 120 Pm
	37 yrs 10 mos 16 ds 0R min.?	The CAUSE OF DEATH* was as follows:
OCCUPATION (a) Trade, profession, or particular kind of work		laucer of Shamach
(b) General nature of industry, business, or establishment in which employed (or employer)		(Ouration) yrs.6-8 mos. ds.
9 BIRTHPLACE (State or country)		Gontributory (Muces) Stamach
ENTS	10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) Annafolis 12 MAIDEN NAME	(Signed) (Si
4	13 BIRTHPLACE OF MOTHER (State or country) Annapolis and	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mas, ds
	Informant) Z Burges and	Where was disease contracted, It not at place of death? Forme©or usoal residence
15	(Address) \$0 Catterdral At	Break Hill Certify (of 22, 191 4

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

Semuel

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[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when ueeded. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an Grocery; (a) Foreman, (b) Automobile factory. The essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salesman, ness of various pursuits can be known. The question For many occupations a single word or term ou the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only defiuite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: nant neoplasms); Measles; Whooping cough; Chronic cer" is less defiuite; avoid use of "Tumor" for mallgture of the American Medical Association. cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehacetc., when a defiuite disease can be ascertained as the "Heart failure," "Hacmorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Can-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Seuile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion," For VIO-



V. S. No. 1.

N.B.

Cour	1 PLACE OF DEATH 9594 (20)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 21
Villa	80 or City accolds & (No	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
No BAT	1 de Coloror RAGE Single, MARRIED, Widower ORDINGRED, Windows ORDINGRED (Write the word)	October 9 1914, to Oct 15 1914.
(a) To	(Youth) (Day (Year) If LESS than t day, hrs. OR min.? CUPATION rade, profession, or cular kind of work. General nature of Industry,	that I last saw here alive on Oet 15th 1914 and that death occurred on the date stated above, at 930 Pm. The CAUSE OF DEATH* was as follows: Mronic Bright disease
busine	ess, or establishment in employed (or employer)	Contributory Secondary
ENTS	O NAME OF FATHER Staac Cox OFFATHER (State or country) Mulenown 12 MAIDEN NAME	(Signed) J. P. (Address) St. Margaret Md. *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
14 TH	OF MOTHER OF MOTHER OF MOTHER OF MOTHER (State or country) E ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (formant) Herry Cox	18 LENGTH OF RESIDENCE (FOR HOAPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds. State yrs, mos ds Where was disease contracted, If not at place of death? Former or
15 Filed.	Och 14, 1944 Ams Milel	19 PLACE OF BURIAL OR REMOVAL Clabury Urnolds Ma Ost /7, 19th 29 UNDERTAKER Las J. Jaylor & Jons Address The Control of th

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) (a) Spinner, (b) Cotton mill; (a) Salesman, cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Nevcr return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerchrospinal fever (the only definite synonym is "Epidemic cere-brospinal meningitis"); Diphtheria (avoid use of "Croup";) a Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenciascpsis, tctanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (c. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State childbirth or miscarriage as "Puerperal septichaeture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debillty" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustiou," cause for



BINDING FOR RESERVED MARGIN

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arefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPATION is very RECORD A PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS carefully supplied. See instructions on back of certificate. of information should be DEATH in plain terms, N. B.—Every Item o CAUSE OF I



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No.

---Ward)

[If death occurred in

ADDRESS

sk	FULL NAME	give its NAME instead of street and nomber.]
PE	RSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX Male	COLOR OR RACE 5 RINGLE, MARRIED, WIDOWED, ORDIVERCED (Write the word)	Still Vom (Month) (Day (Year)
6 DATE OF BI		that I last asw h slive on , 191 , 1
7 AGE	O yrs O mos O ds OR min.?	The GAUSE OF DEATH* was as follows:
9 BIRTHPLAC (State or 10 NAME FATH 11 BIRTH CSTATE 12 MAID OF A 13 BIRTH	ssian, or of work. ure of Industry, stablishment in (or employer) E country) F of Country E of John Crack HPLACE ATHER to or country) EN NAME Rachael Groy HPLACE OTHER TOTHER TOTHER	(Duration)
(Addres	5) Franck, Mid.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";); Typhoid fever (never report "Typhoid pneumonia;" unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Tuerperal peritonitis," etc. State cause for childbirth or miscarriage as "Iverperal septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Méastes (disease causing death), 29 ds.; nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Can-The contributory (secondary or intercurrent) "Senile," ctc.), "Dropsy," "Exhaustion," (Recommendations on statement of



S. No. 1.

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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANG should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD UNFADING INK-THIS IS WRITE PLAINLY, WITH

PLACE OF DEATH STATE OF MARYLAND

Registration Dist. No. Full Name Carl Carl Carl St.; Ward
**SEX **COLOR OR RACE SINGLE, MANAGED CONTINUES OF DEATH STATE AND COLOR OF BIRTH COLOR (Write the word) **DATE OF BIRTH COLOR (Write the word) **TAGE
Month (Day (Year) Month (Day (Year) 17 17 18 18 18 18 18 18
(Month) (Day (Year) TAGE It LESS than t day, hrs. GR min. ? Coccupation (a) Trade, profession, or particular kind of work (b) Beneral nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Contributory Secondary Contributory Contributory Secondary Contributory Contributo
**State the Disease Causing Death, or, in deaths from Violen Causes, state (1) Means of Injury; and (2) whether Accident Cause
(a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) **BIRTHPLACE** (State or country) 10 NAME OF FATHER** (State or country) 11 BIRTHPLACE** (State or country) 12 MAIDEN NAME** OF MOTHER** 13 BIRTHPLACE* OF MOTHER** 13 BIRTHPLACE* OF MOTHER** 13 BIRTHPLACE* OF MOTHER** 13 BIRTHPLACE* OF MOTHER** 14 BIRTHPLACE* OF MOTHER** 13 BIRTHPLACE* OF MOTHER** 14 BIRTHPLACE* OF MOTHER** 15 BIRTHPLACE* OF MOTHER** 16 BIRTHPLACE* OF MOTHER** 17 BIRTHPLACE* OF MOTHER** 18 BIRTHPLACE* OF RECENT RESIDENCE** OF RECE
Secondary
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accided Tal, Suicidal, or Homicidal. 18 Length of Residence (for Hoapitals, Institutions, Transient of Recent Regidents)
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT
(State or country) ot death yrs mos ds. State yrs mos where was disease contracted
(Intermant) Chas Great All Intermant (Address) Share RAD Manulac (Address) Share RAD M
Flieb 2 , 191 H January Branches Fredistran Munding + Alley Balks If more blanks are needed, address State Registrar, 6 E. Franklid St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

eated thus: Farmer (retired 6 yrs.) For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and ehildren, not minc, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a), the kind of work and also (b) eases, especially in industrial employments, it is nee-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of ageness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutsis of lungs, meninges, peritonacum, etc., Carcin-

injury, as fracture of skull, and eonsequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. mia," "Puenperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaccause. Always qualify all diseases resulting from ete., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatle), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homieide; Poisoned Bronchopneumonia (secondary), 10 ds. The contributory tctanus) may be stated under the head (Recommendations on statement of (secondary or intercurrent) Never report



	RECORD	PHYSICIAMS should state t of OCCUPATION is very
F. B. No. 1.	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
2		_

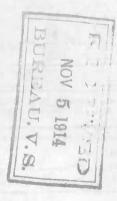
Village or City So Salts (No. 2)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.: Ward) St.: Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 SEX 4 COLOR OF RACE SINGLE, MARRIED, WIDOWED,	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from	
7 AGE / Mon(ii) (Day) (Teal)	and that death occurred on the date stated above, at \$30 P.m.	
2 7 yrs. mos. ds. ORmiq.?	The CAUSE OF DEATH* was as follows:	
8 OCCUPATION (a) Frade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in	(Calendal) Somm	
9 BIRTHPLACE (State or country)	(Secondary) fell over tours from	
10 NAME OF FATHER ARLE SAMEMEYER 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF MOTHER OF OTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OTHER OT	(Signed) Service Strong	
of Mother Atticles of Mother (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place lo the of death yrs, mos, ds.	
(Interment)	Where was disease contracted, If not at place of death? Former or usual residence.	
(Address) 38 . Ballo: Dr. 2 . 196 Lace of Burial on Removal Date of Burial on Molay . 1914 File 26. 31 . 1914 The Ballo: Dr. 20 UNDERTAKER . 1910 ADDRESS REGISTRAR . Many . Many . 1914 To more blanks are needed address State Bods to a C. F. Franklich . 1914		
If more blanks are needed, address State Begistrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.		

[Approved by U. S. Census and American Public Health
Association.]

cated thus; Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necminc, etc. statement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But ln many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. (a) Spinner, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retlred from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. mia," "PUERPEBAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage, as "Purperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenltal," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 affection need not be stated unless important. mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Ohronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronk ver" is less definite; avoid use of "Tumor" for malls oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Dropsy," ... (name origin; "Can-"Exhaustion," Examples:



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PERMANENT UNFADING INK-THIS

PHYSICIANS should state of OCCUPATION is very RECORD See Instructions on back of DEATH in plain of information CAUSE OF important. 1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.; Ward)

[It death occurred in a hospital or institution,

	FULL NAME Oscar Davis	give its NAME Instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	Nale Colored Single, MARRIED, WIDOWED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH OUT , 191 4 (Year)
6 D	ATE OF BIRTH Oct 4th, 1876 (Month) (Day (Year)	HEREBY CERTIFY, That I attended deceased from 1914, to 21, 1914, that I last saw hards alive on 21, 1914.
(a	GE 37 yrs mos b ds tt LESS than 1 day,hrs. OR mln.?	and that death occurred on the date stated above, at 4, 4,
bus	General nature of industry, siless, or establishment in ich employed (or employer) IRTHPLACE (State or country) The Carolina	Contributory Secondary
ARENTS	10 NAME OF FATHER Samuel Davis 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed)
<u>a</u>	13 BIRTHPLACE OF MOTHER (State or country) THE ADOVE IS TRUE TO THE BEST OF MY KNOWLESSEE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs, mos ds Where was disease contracted,

PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

If not at place of death?...

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is uec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcausing death, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b)Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carein-

such, if impossible to determine definitely. Examples: ture of the American Medical Associatiou.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aceidental drowning; Struck by railway train-acei-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probabili LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a defiuite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronie interstitial nephritis, naut neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-Bronehopneumonia (secondary), 10 ds. The contributory "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," Never report



N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD FOR BINDING 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS RESERVED MARGIN

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PLACE OF DEATH 9599 County 9599	STATE OF MARYLAND CERTIFICATE OF DEATH		
Village or City Ward) Property County Registration Dist. No. 2/ [If death occurred in a hospital or institution, give its NAME instead of street and nomber.]			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
Serx 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED, WIDDWED, OR DIVERCED (Write the word) 6 DATE OF BIRTH Anil 201918	(Month) (Day (Year)) 17 O HEREBY CERTIFY, That I attended deceased from 1914, to 1914		
7 AGE yrs mos ds. (Year) OR min.?	and that death occurred on the date stated above, at		
6 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	Contributory Hae of Sacondary.		
11 BIRTHPLACE OF FATHER OF MOTHER 13 BIRTHPLACE OF MOTHER	(Signed)		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) James Days (Address) Amajor Neck 15 Filed Oct 24 1914 MSM Elch	Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS		
REGISTRAR	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.		
It more blanks are needed, address State Regis	trar, o E. Frankun St., Balto., Requesting V. S. No. 1.		

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations mine, etc. Women at home, who are engaged in the CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second been changed or given up on account of the disease Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But ln many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid dieumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

WACCINENTAL, SUICIDAL, OF HOMICIDAL, or as probably injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: ture of the American Medical Association.) cause of death approved by Committee on Nomencladent; Revolver wound of head-homicide; Poisoned LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaeinus," "Old Agc," "Shock," "Uraemia," "Weakness," nant neoplasms); Measles; Whooping cough; Chronic "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. cte., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsious," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for malig oma, Sarcoma, etc., of...... (name origin; "Can-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion," For VIO-



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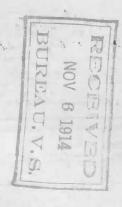
· Co	PLACE OF DEATH 9600 Sounty Arme Arundal (2 Mage or City Crownwilleno State PULL NAME Genrietta D	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 2 Boxfital st.; Ward [If death occurred in a hospital or institution, give its NAME instead of street and nomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
72 8 D	DATE OF BIRTH Wood (Month) (National Stack of Single, Married, Widowed, Widowed, Orbivorate word) (Month) (Day (Year)	(Month) (Day (Year) 17 I hereby Certify, That I attended deceased from July 16, 1914, to Clober 25, 1914, that I last saw h & alive on October 25, 1914, and that death occurred on the date stated above, at 7.30 P, m, The CAUSE OF DEATH* was as follows:
pa (b) bus wh	a) Trade, profession, or articular kind of work. c) General nature of Industry, siness, or establishment in hich employed (or employer) INSTHPLACE (State or country) 10 NAME OF FATHER BLOOD SCALE AND	Contributory Welsale Coma Secondary (Duration) Unit Transvers. Contributory Welsale Coma Secondary (Daration) yrs mos 4 ds. (Signed) Addient Man Region in
PARENTS	11 BIRTHPLACE OF FATHER (State or country). Maryland 12 MAIDEN NAME OF MOTHER Margaret Armiger 13 BIRTHPLACE OF MOTHER (State or country) Maryland	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs. 3 mes. 9 ds. State yrs mos. ds
14 ₁	(Informant) borfital Pecords (Address) (Address) Registran	Where was disease contracted, Marcown If not at place of death? Former or USUAI residence Arral Arrandel County 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER ADDRESS ADDR

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the who have no occupation whatever, write Nonc. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," As examples: (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia;" unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the nus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. "Contributory." such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aceidental drowning; Struck by railway train-aeci-The contributory Measics (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for



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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. If death occurred in a hospital or institution. give ifs NAME instead of sfreet and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 4 COLOR OR RACE DATE OF DEATH MARRIED. WIDOWED, ORDIVORCED (Write the word) (Month) (Day (Year' I HEREBY CERTIFY. That I attended deceased from alive on (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at... 1 day hrs. The CAUSE OF DEATH* OR min. ? BOCCUPATION (a) Trada, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) Which employed (or employer) -----BIRTHPLACE Contributory (State or country) Secondary 1D NAME OF FATHER (Signed S 11 BIRTHPLACE ARENT OFFATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, DR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ____ mos. ___ ds. State Where was disaase contracted. If not af place of death? Former or usual residence. PLACE OF BURIAL OR REMOV DATE OF BURIAL 15

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

who receive a definite salary), may be entered as statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first live will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, For many occupatious a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the

Statement of cause of death—Name, first, the disease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (c. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of oma, Sarcoma, etc., of..... (name origin; "Canmia," "PUERPERAL peritonitis," etc. State cause for childhirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasnant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion,"



V. S. No. 1.

N. B.

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-Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS

PLACE OF DEATH 9602

STATE OF MARYLAND

County (une (built)	CERTIFICATE OF DEATH
	Registration Dist, No. 20
Village or City Dayands (No. , -	St.; Ward) [It death occurred is a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
Ruale White Single, with with work.	(Month) (Day (Year)
Month (Day (Year)	that I last saw here allve on Och Fund, 1914
7 AGE If LESS than t day, hrs. OR min.?	and that death occurred on the date stated above, at
(a) Trade, protessian, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) PBIRTHPLACE (State or country) 110 NAME OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) 15 Files Of Mother March M	Contributory & fall Shrieur But School Secondary Duration) yrs mos ds. (Signed) Alaska Our of Market Mark
REGISTRAR If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. the nature of the business or industry, and therefore an eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestie service for wages, as gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. Grocery; (a) Foreman, (b) Automobile factory. Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a defiuite salary), may be entered as material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meniugitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

ample: Measles (disease eausing death), 29 ds.; valvular heart disease; Chronie interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronie oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and eonsequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. "Contributory." Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of For VIO-



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Importent. See instructions on back of certificate.

V. S. No. 1.

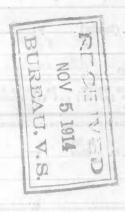
Coo	PLACE OF DEATH 9603	STATE OF MARYLAND CERTIFICATE OF DEATH
VIII	age or City So Bally afull NAME Augusta F	Registration Dist. No. St.: Ward) Loval St.: Ward) [If death occurred is a hospital or lostitution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
H	Male While Single, Married, Wilowed, OR Divorced (Write the word)	(Month) (Day (Year) I HERENY CERTIFY, That I attended decembed from
	Month) (Month) (Day (Year)	that I last saw h Wellve on Oct 29 191 H snd that death occurred on the date stated shove, at H P m, The CAUSE OF DEATH* was as follows:
par (b) busi whi	General nature of Industry, ness, or establishment in the employed (or employer) RTHPLACE (State or country) RATHORNOON RTHPLACE (State or country)	Contributory Secondary
PARENTS	10 NAME OF FATHER A. While 11 BIRTHPLACE OF FATHER (State or country) Maryland 12 MAIDEN NAME OF MOTHER MANDOWN 13 BIRTHPLACE OF MOTHER (State-or country) Mandon Mother (State-or country)	(Signed). (Signed). (Signed). (Signed). (Signed). (Signed). (M. D. O. C. 3, 191 4. (Address) Salto No) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 15 LENGTH OF RESIDENCE (FOR HOSPITALS, INATITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place 10 the 01 death yrs. mos. ds. State yrs. mos. ds.
5	Informants of Structo the Best of My Mowledge Informants and June (Address) State allowed Col. 31,1914 119 Horlow Management	Where was disease contracted, R not at place of death? Former or Usual residence. 19 PLACE OF BURIAS OR REMOVAL 29 UNDERTAKER ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS
,	II more planks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1,

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, ctc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. Matement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (b) "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercuctsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-Accidental drowning; Struck by railway train—acci-The contributory tetanus) may be stated under the head (Recommendations on statement of (secondary or intercurrent)



BINDING FOR RESERVED MARGIN

V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS

Village or City Amapolio (No. 44)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Pist. No. [If death occurred in a hospital or institution,
FULL NAME Shrah God	give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Colored Single, Widowed, Wolvert or or over (Write the word)	(Month) (Day (Year)
Month) (Day (Year)	that I last saw her allve on Oct 9 th 191 4
7 AGE It LESS than 1 day,hrs. OR min.?	and that death occurred on the date stated above, at
a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Many land	Contributory Cary Secondary (Duration) yrs mos ds. (Duration) yrs mos ds.
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) White of Mother Of Mothe	(Signed) R. D. A. D. D. A. D. D. A. D. D. A. D.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs, mos, ds
(Informant) Puttie Johnson (Address) Connection Of The Best of My Knowledge (Address) Of The Best of The Best of My Knowledge (Address) Of The Best of	Where was disease contracted, If not at place of death? Former or usual residence
Filed Oat 11, 1914 mgmslate REGISTRAR	1. Drewer Hell Cert. (30 H., 191)
of the blanks are needed, address State Regis	ttar, 6 E. Franklin St., Bailto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. cases, especially in industrial employments, it is necwho have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specimaterial worked ou may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ctc., when a definite disease can be ascertained as the thenia," "Anaemia" (mcrely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; ctc. The contributory (secondary or intercurrent) valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can injury, as fracture of skuli, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Coilapse," "Coma," "Convuisions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection-need not be stated unless important. ture of the American Medical Association. cause of death approved by Committee on Nomencia-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. is less definite; avoid use of "Tumor" for maligtetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of For vio-



No. ŝ

RECORD PERMANENT

PHYSICIANS should of OCCUPATION IS of back piain Instructions 2 DEATH 0 OF mportant. Ш CAUS

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No... [If death occurred to a hospital or institution, give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED. (Month) (Day (Write the word) (Year) I HEREBY CERTIFY, That I attended deceased from (Month (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH* was as follows: OR 7 mos..... BOCCUPATION (a) Trade, protession, or particular kind of work... (b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE Contributory Secondary (State or country) (Duration) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE PARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place OF MOTHER (State or country) of death yrs. mos. ds. State yrs. mos. Where was disease contracted. 14 THE ABOVE IS TRUE TO THE If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address)..... 15 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1,



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At school or At home. Care "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None, CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, many occupations a single word or term on the If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," The (4)

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state V properly AG supplied. pe may that 80 plain EATH o a OF Item

PHYSICIANS should RECORD PERMANENT THIS UNFADING certificate. of WITH PLAINLY, instructions Every Item CAUSE OF Important. 80

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in Ward) a hospitat or institution, give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. MARRIED. 191 WICOWED, ORDIVORCED (Write the word) (Month) (Day (Year) DATE OF BIRTH (Day (Year) TAGE If LESS than and that death occurred on the date stated above, a 1 day,hrs. The CAUSE OF DEATH * was as follows: .min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary (Duration 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS 13 BIRTHPLACE OF MOTHER (State or country) was disease contracted. DATE OF BURIAL (Address) ... 15 ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, of E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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OCCUPATION IS PHYSICIANS RECORD Jo statement PERMANENT EXACTLY. stated classified. D THIS properly INK supplied. pe UNFADING may certificate. that 0.0 WITH terms. 00 plain Instructions 2 EATH WRITE See OF DE Item Every item CAUSE OF important.

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No If death occurred in .Ward) a hospital or institution. give its NAME Instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED, Wadons of ORDIVORCED (Write the word) (Month) (Day (Year) DATE OF BIRTH (Month (Day (Year) 7 AGE tf LESS than and that death occurred on the date stated above, 1 dayhrs. The GAUSE OF DEATH * was as follows: OR min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or amployer) State or country Contributory 10 NAME OF FATHER (Signed ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 1 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country of death yrs. State _____ yrs. ____ mos. Where was disease contracted. If not at place of death?. Former or usuzi residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR

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mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacnant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioctc, when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senlle," etc.), "Dropsy," "Exhaustion," The nature of the Never report



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STATE OF MARYLAND CERTIFICATE OF DEATH

Go	unty.	Registration Dis	t. No. 2/
Vil	lage or City Elvalos, (No, Page of City Plants (No)	St.;Ward)	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	F DEATH
35	Wale White Since, windle, windle word)	16 DATE OF DEATH (Month)	/ , 191 9 (Day (Year)
6 D	ATE OF BIRTH Queg 6 , 1919. (Month) (Day (Year)	17 I HEREBY GERTIFY, That I Sept 26 1914, to 02 that I last saw h 27 allve on Sept	191.2.
7 A	ge If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated The CAUSE OF DEATH* was as follows:	above, at 930 9 m
(a pa (b) bus wh	CCUPATION) Trade, profession, or ricular kind of work. General nature of Industry, silness, or establishment in lich employed (or employer) IRTHPLACE (State or country) Anne Arundel &	Ontributory Cor Secondary	
ARENTS	10 NAME OF FATHER Stanuslaus Fredrick 11 BIRTHPLACE OF FATHER (State or country) Russian Poland. 12 MAIDEN NAME	(Signed) Sance & Belling (Signed) Sance & Belling (Signed) Sance & Belling (Address) & Causes, state (1) Means of Injury; and Tal, Suicidal, or Homicidal.	galia , N. D.
14 7	of Mother Mary Parkety. 13 BIRTHPLACE OF MOTHER (State or country) Russian Poland. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Familians Fredheers	16 LENGTH OF RESIDENCE (FOR HOSPITALS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State Where was disease contracted, If not at place of death?————————————————————————————————————	INSTITUTIONS, TRANSIENTS,
16	(Address). Clratos. My	19 PLACE OF BURIAL OR REMOVAL Holy Bosary	DATE OF BURIAL
Fil	ed Oct , 1914 & S. Bellingslea	20 UNDERTAKER	ADDRESS

Welliam Fralkowski If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, It is nee-Civil engineer, Stationary fireman, etc. But lu many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, Irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: of persons engaged in domestie service for wages, as (a) Spinner, (b) Cotton mill; (a) Salcsman, For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the disease Statement of occupation-Preelse statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesse of lungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cause. Always qualify all discases resulting from mus," "Old Age," "Shock," "Uracmia," "Weakness," thenia," "Anaemia" (merely symptomatie), "Atrophy," merc symptoms or terminal conditions, such as "Asample: Meastes (disease eausing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclalnjury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State eause for childbirth or miscarriage as "Puerperal scptichaeetc., when a definite disease can be ascertained as the "Heart failure," "Hacmorrhage," "Inanition," "Maras genital," "Collapse," "Coma," "Couvulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Mcdical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the deut; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetunus) may be stated under the head of "Senile," ctc.), (Recommendations on statement of "Dropsy," "Exhaustlon," For vio-



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Every liem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is Important. See instructions on back of certificate.

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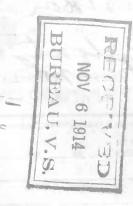
Village or City amafolis (No. 85)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2/ St.; Ward) [If death occurred le a hospital or Institution, give lts NAME Instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDER, WIDDER, WIDDER, WIDDER, WIDDER, WIDDER, WITH the word) 6 DATE OF BIRTH 600 21 1	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREOV CERTIFY. That I attended decemped from
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7 AGE (Month) (Day (Year)	that I last saw he hallive on 191
t day,hrs.	and that death occurred on the date stated above, at
6 OCCUPATION (a) Trade, profession, or particular kind of work	Concentful Debility
(b) General nature of Industry, business, or establishment in which employed (or employer)	Stuce buth mos ds.
9 BIRTHPLACE (State or country) amapolis and	Contributory Champles of the Contributory Champles (Doration) yrs mes ds.
10 NAME OF John Green.	(Signed) Production, M. D.
11 BIRTHPLACE OF FATHER (State or country) am apolis and 12 Maiden Name OF MOTHER 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF FATHER (State or country) 14 MAIDEN NAME OF MOTHER 15 MAYOR A 16 Same	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
of MOTHER Margret Berry.	16 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS TRANSPORT
13 BIRTHPLACE (OF MOTHER (State or country) Camaholis, Md.	At place in the of death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) 3da 13as.	Former or osual residence
(Address) 85 N=W= StrEET	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Och 16, 1814 Amg Welch	POVENENTILL CENT - 10 17 , 1814 20 UNDERTAKER ADDRESS
REGISTRAR	671 Branker & Son 92 Mart ST

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Physician, Compositor, Architect, Locomotive engineer, applles to each and every person, irrespective of age. been changed or given up on account of the disease who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," If the occupation has "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

ample: Mcastes (disease causing death), 29 ds.; injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: etc., when a definite disease can be ascertained as the The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of



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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in Ward) a hospital or lostitution, give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. DATE OF DEATH MARRIED. 19 WIDOWED, // (I)ay (Month) (Year) Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH 13 (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (s) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary (Dorstlon) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ..., 191 (Address) ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ____ mos. ___ .. ds. State _____ yrs.___ Where was disease contracted. If not at place of death?-Former or usual residence BURIAL OR REMOVAL DATE OF BURIAL (Address)

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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ADDRESS

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, ctc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal statement. Physician, Compositor, Architect, Locomotive engineer, been changed or given up on account of the DISEASE who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-(a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (d)

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cause of death approved by Committee on Nomenclasepsis, tetanus) injury, ns fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "PUEBPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asvalvular heart discase; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for malig-"Contributory." by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion,"



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1 BLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. I'll death occurred in .Ward) a hospital or institution, give its NAME Instead ot street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED. ORDIVORCED (Write the word) (Month) (Day I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE It LESS than and that death occurred on the date stated abou 1 day hrs. OR 7 6 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) Contributory. BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER (Signed 11 BIRTHPLACE ARENT OF FATHER (State or country)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.

16 LENGTH OF RESIDENCE (FOR H	OSPITALS, INS	TITUTIONS	TRANSIENT	5,
At place of death yrs mos ds. Where was disease contracted, If not at place at death?	In the State	yrs	mos. , (s

Former or

usual residence OF BURIAL

DATE OF BURIAL

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO TH (Intermant) (Address).....



[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," ctc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None, cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. statement. material worked on may form part of the second it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, c. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retlred from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid diseasent); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

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V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS 9 SEX **COLOR OFF AGE **DATE OF BIRTH **DATE OF BI	Village or City So Ballysone 2 FULL NAME Lerry Edward	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 4 St.; Ward) St.; Ward) a hospital or lostitution, give its NAME instead of street and comber.]
Male While Marker Woods Angle (Month) (Day (Year) (Year) (Year) (Woods) (Woods) (Woods) (Year) (Year	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
TAGE IT LESS than f day, hrs. mos	Male While word, white the word, for DATE OF BIRTH April 13 913	(Month) (Day (Year) 17 Oct, I HERED CERTIFY, That Strandard desclassed from 1914, to 1914,
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CONTRACTOR OF THE STATE OF THE	(Intermanty Ithm Edyard Narrowe) (Aduress) St Dalto Md	Where was disease contracted, If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.	Filed COVID , 1914 J D JUMM M.D.	My Chuer Palts

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (b) return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid dineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for ample: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite discase can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) tctanus) may be stated under the head (Recommendations on statement of For VIO-



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PHYSICIANS should RECORD statement PERMANENT EXACTLY. Exact stated classified. pe should WITH UNFADING INK-THIS properly ы AG carefully supplied. certificate. 0.0 terms, on back should 60 PLAINLY, of into.
DEATH in preplain WRITE Every item CAUSE OF Important. S

state Very

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilt death occurred in a hospital or institution, give its NAME instead of street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 5 SINGLE. 4 COLOR OR RACE MARRIEO, WIDOWED, endiverces (I'rite the word) (Month) (Dá (Year) That I attended deceased from DATE OF BIRTH (Month (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at, 1 day hrs. The CAUSE OF DEATH* was as follows: BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory. Secondary 10 NAME OF FATHER S 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTE 13 BIRTHPLACE At place in the OF MOTHER (State or country of death _____ yrs. ___ mos. __ State _____ yrs, ___ _ ds. Where was disease contracted. MY KNOWLEDGE If not at place of death? Former or usual residence

> 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

(Address)

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[Approved by U. S. Census and American Public Health Association.]

mine, etc. Women at home, who are engaged in the who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. been changed or given up on account of the nisease material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional live is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, essary to know (a) the kind of work and also (b) first live will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the Insease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the ouly definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) a Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgleai operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), "Senile," etc.), "Dropsy," "Exhaustion," For Vio-29 ds.;



PHYSICIANS should state of OCCUPATION is very RECORD Exact statement PERMANENT EXACTLY BINDING stated classified. 4 be 15 AGE should properly class FOR UNFADING INK-THIS RESERVED supplied. carefully that it MARGIN WITH terms. 1 should PLAINLY. See instructions information DEATH In WRITE jo CAUSE OF

certificate.

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Important.

No. vi 15

PLACE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. WIDOWED, ORDIVORCED (Write the word) MANNA 6 DATE OF BIRTH (Month) (Day 7 AGE BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER

(Year)

If LESS than

1 day,hrs.

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;	Ward)	[It death o a hospital or give its NAM ol street and	institution, E Instead
MEDICAL CERT	TIFICATE O	F DEATH	
16 DATE OF DEATH	1-	13	, 1914
17 I HEREBY CER 13 -, 1914.	to 12	1. 134	191. <u>¥</u>
and that death occurred on the			,191.4. A4m
Augini		tonis	1 · · · · · · · · · · · · · · · · · · ·
Contributory	(Duration)	yrsmos	7/24 ds
(Signed)	(Boration)	yrs mos	ds , M. D
*State the DISEASE CAUSING CAUSES, state (1) MEANS OF TAL, SUICIDAL, OF HOMICIDAL.	DEATH, or, INJURY; ar	in deaths from	VIOLENT ACCIDEN-
18 LENGTH OF RESIDENCE (FO OR RECENT RESIDENTS) At place of death yrs. mos. Where was disease contracted, if not at place of death? Former or usual residence.	R HOSPITALS.		ANSIENTS
10 PLACE OF BURIAL OR REM 20 UNDERTAKER 20 UNDERTAKER	OVAL.		191.4

13 BIRTHPLACE OF MOTHER (State or country)

[Approved by U. S. Censns and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senfle," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-aecisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal scptichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) State cause for



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Con	PLACE OF DEATH 9615	STATE OF MARYLAND CERTIFICATE OF DEATH
	0 0 1	Registration Dist. No.
37211	Su 1 Dallim re	[If death occurred is
A 111	age of City (Nb	St; Ward) a hospital or institution,
	*FULL NAME Muriel (give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
135	emale While Single, Marrier, wipower, or provonces (Write the word)	DATE OF DEATH Och (Month) (Day (Kear)
1		17 HERENT CERTIFY, That I strended decorred from
- 57	TE OF BIRTH	(COV 1) 1914, to (COV) 1914.
	(Month) (Day (Year)	that I last saw her slive on Och 16, 1914
TAG	(2027)	and that death occurred on the data stated above, at 59 m.
	f day,hrs.	The CAUSE OF DEATH* was as follows:
800	OCUPATION TO THE PROPERTY OF T	
(a)	Trade, profession, or	Ma
particular kind of work (b) General nature of Industry,		1 Ceningers
business, or establishment in		Auration) vas mos 12 to
which employed (or employer)		Contributory Content Colifs
	(State or country)	Secondary
	10 NAME OF A	(Doration) ys pmos ds.
	FATHER GEOTGE Kimmel	(Signed) (Signed) (Signed) M. D.
TS	11 BIRTHPLACE OF FATHER	Och 18191 4 (Address) S& Ballo.
ARENTS	(State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
AR	12 MAIDEN NAME OF OF MOTHER	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
Д.	Cetta a word	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs mos ds. State yrs mos ds
14 T	HE ABOVE IS THUE TO THE BEST OF ME KNOWCEGE	Where was diseasa contracted,
	110000 1 7h	Former or
(informant) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	úsual residence.
	(Address) Joalla Mid	19 PLACE OF BURIAL OR REMOVALE DATE OF BURIAL
16	Cal 10h om so + ho	Cedar Still linely Oct 19, 1914
File	The state of the s	20 UNDERTAKER O ADDRESS
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[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speck statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," "Foreman," As examples:

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Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercitelesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic ample: Measles (discase causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can "Contributory." injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from ctc, when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. Aceidental drowning; Struck by railway train-acei-The contributory (secondary or intercurrent) (Recommendations on statement of "Dropsy," "Exhaustion," For VIO-



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Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT 4 UNFADING INK-THIS IS WRITE PLAINLY, WITH N.B.

Village or Gity Wordwardville (No. 2FULL NAME Moses Hor	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
nale Color of RACE Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Off 25 , 191.4 (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
Morth (Day (Year) 7 AGE 30 yrs. mos. ds. or min.? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	that I last saw h alive on
(Address) Woodwardville 15 File Oct 25 7, 191 + Holedayle Show Leep Registran If more blanks are needed, address State Regist	19 PLACE OF BURIAL ON REMOVAL 20 UNDERTAKER ADDRESS Par, 6 E. Franklin St., Ralto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, ctc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not (a) Spinner, Statement of occupation-Precise statement of occupa-If rctired from business, that fact may be indi-Women at home, who are engaged in the Never rcturn "Laborer," (b) Cotton mill; (a) Salesman, Farmer (retired 6 yrs.) For persons "Foreman," The

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lohar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, mininges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic childbirth or miscarriage as "Puerperal septiehae valvular heart disease; Chronic interstitial nephrilis, oma, Sarcoma, etc., of..... (uame origin; "Caucause of death approved by Committee on Nomenclascpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for cause. etc., when a defluite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital." "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci which surgical operation was undertaken. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," etc.), may be stated under the head of (Recommendations on statement of (disease causing death), 29 ds.; terminal conditions, such as "As-"Dropsy," "Exhaustion," Never report For vio-



BINDING RESERVED MARGIN

V. S. No. 1.

N.B.

PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS A of information should be

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state? DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. CAUSE OF Important. S PLACE OF DEATH

STATE OF MARYLAND

County Girelline	CERTIFICATE OF DEATH Registration Dist, No. 2/
Village or City Salleys (No	St.; Ward) St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE, OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	(Month) (Day (Year)
6 DATE OF BIRTH (Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceeeed from
TAGE Stelle Form 1 day,	snd that death occurred on the date stated above, atm The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishmeof in which employed (or employer) BIRTHPLACE (State or country) Manylumb	Contributory Secondary (Deration) yrs mos ds
10 NAME OF FATHER John Accommand 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF TOTAL OF MOTHER OF MOTHER	(Signed) (Address) (Address) (State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidals
13 BIRTHPLACE OF MOTHER (State or country) Manhan	18 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death yrs, mos. ds. State yrs, mos. ds.
(Informant) Dulling Cockment	Where was disease contracted, if not at place of death? Former or usual residence
Filed Och 12, 191 - Januar & Doryhau Solot Local REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Parly 20 UNDERTAKER Ornellong Street Address Bully

If more blonks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, essary to know (a) the kind of work and also (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," "Foreman," (6)

Statement of cause of death—Name, first, the disease causing dearn (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculests of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for cause. Always qualify all diseases resulting from mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligsepsis, tetanus) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) (Recommendations on statement of may be stated under the head For VIO-



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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. If death occurred in St.:....Ward) a hospital or institution, give its NAME instead of street and number.) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. BEX 4 COLOR OR MACE MARRIED. WIDOWED. (Month) (Day) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 8 DATE OF BIRTH (Month) (Day) (Year) If LESS than TAGE and that death occurred on the date stated above, at 1 day, -hrs. The CAUSE OF DEATH * was as follows: OR .- min. ? mos. ... ds. BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER (Signed) (Address) 11 BIRTHPLACE ENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. AR 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER of death yrs. mos. ds. State yrs. mos. Where was disease contracted. if not at place of death? Former or usual residence OF BURIAL 15 20 UNDERTAK REGISTRAR If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). should be taken to report specifically the occupations duties of the household only (not paid Housekeepers CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age who have no occupation whatever, write None Housewife, Housework, or At Home, and children, not mine, etc. (a) Spinner, essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, return "Laborer," "Foreman," Farmer or Planter, For persons

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinoscipios

ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPEEAL peritonitis," etc. State cause for childbirth or miscarriage. as "Puerpenal scotichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Hart fallure," "Haemorrhage," "Inanition," "Marasgenltal," "Senfie," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart discase; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of ... mere symptoms or terminal conditions, such as "A" Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) "Old Age," "Shock," "Traemia," "Weakness," (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-Examples:



7. B. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

PLACE OF DEATH	STATE OF MARYLAND
County Q - Q - 3019 9/	CERTIFICATE OF DEATH
County	Registration Dist. No. 2/
Village or City Frowns Wood (No. Nor.	The Sevene st.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE SINGLE, MARRIED;	18 DATE OF DEATH October 3, 1914 (Month) (Day) (Year)
B DATE OF BIRTH MOVE: (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from 191, to the Cheid, 191, 191, to the last saw h. 22 alive on
7 AGE 2 yrs mos. ds. or min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
6 OCCUPATION (a) Trade, profession, or particular kind of work	Croucho Innous
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds.
(State or country) Affrom wood a-a-co	Gentributory (Secondary) (Deration) yrs mes ds.
10 NAME OF Silver Hunt md	(Signed) Walton & Hoffing, M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, OF, In deaths from VIOLENT
4 of Mother Connelia Penson	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) A - A Co Md	At place In the of death yrs mos ds. State yrs mos ds.
(Interment) andrews of My knowledge	Where was disease contracted, If not at place of death? Former or usual residence.
(Address) Q-QC o Md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Och 4 1914 Ams Welch	20 UNDERTAKEN SOM. 99 WEST ST
If more blanky are needed address State Dadabas	C. T. T. C.

If more blanks are needed, address Stata Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second applies to each and every person, irrespective of age. tion is very important, so that the relative Lealthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation bas of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not wbo receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenclachildbirth or miscarriage, as "Pureperal septicharmus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Meastes (disease causing death), 29 de. "Contributory." injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis ture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned nant ncopiasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can "Exhaustion," Never report Examples:



V. S. No. 1.

9

-Every Item of Information should be carefully supplied. AGE should be stated EXACTLY: PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS N. B.

STATE OF M	IARY	LAND
CERTIFICATE	OF	DEATH
		4.

	1 PLACE OF DEATH	36207	STATE OF MAR	
Co	whey marce	(8)	CERTIFICATE OI	DEATH
			Registration Dist	t. No. 21
VII	itage or City QQ Co -	(No	St.;Ward)	[if death occurred io a hospital or lostitution,
-	*FULL NAME	othy Wer	leen Jackon	give its NAME instead of street and comber.]
	PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
3 5	- N	INGLE, STANL	(Month)	29 , 1914 (Day (Year)
4		Vrite the word)	17 I HEREBY CERTIFY, That I	
• b	ATE OF BIRTH	2 -14	29 7 1914 to the	2 0ch 29014.
TA	(Month)	(Day (Year)	that I last asw he alive on	70%
^	/ /	If LESS than t day,hrs.	and that death occurred on the date stated The CAUSE OF DEATH* was as follows:	above, atm
80	CCUPATION TIS	ds. ORmin. ?		
(8	rticular kind of work	W	Orthogo cong	
(b)	General nature of industry.			
wh	siness, or establishment in ich employed (or employer)		(Ouratioo)	yrsds.
9 8	(State or country)	la. ~	Secondary Secondary	2
	10 NAME OF FATHER	1	(Signed) Those (Ouration)	yrs mos 8 ds.
IS	11 BIRTHPLACE		191 (Address) Slear	Burnie
ARENTS	OF FATHER (State or country)	lae	*State the Disease Causing Death, or, Causes, state (1) Means of Injury; an Tal, Suicidal, or Homicidal.	in deaths from VIOLENT
PAR	12 MAIDEN NAME OF MOTHER	Rallhens	16 LENGTH OF RESIDENCE (FOR HOSPITALS	
	13 BIRTHPLACE OF MOTHER (State or country)	las	At place to the of death yrs mes ds. State	16
14 -	THE ABOVE IS TRUE TO THE BEST OF	MY KNOWLEDGE	Where was disease contracted, If not at place of death?	
	(loformant) Samo 20	maray -	Former or osual residence	
	(Address) marly	me	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
15	mala IP	Ang 0	20 UNDERTAKER	DOL 3 17, 1914
Fi	194 29 194 Thos	REGISTRAR	ana dos too	ADDRESS BOOK
	If more blanks are 1		trar, 6 E. Franklin St., Balto., Requesting V. S.	No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illstatement. additional line is provided for the latter statement Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write Nonc. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (6)

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eause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septiehaemus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. For vioctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "Asample: Meastes (disease eausing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can Bronchopneumonia (seeondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head of



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

V. S. No. 1.

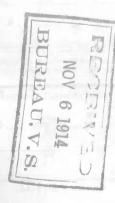
County County	CERTIFICATE OF DEATH Registration Dist, No. 2
Millersonles me	TR77.
Village or City /// (No//,	St.; Ward) a hospital or lo
FULL NAME MISSELL VELLS	y Mustice of street and n
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH QL 12
Jenuse Whele wid (Write the word)	(Month) (Day
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended decease
Seit Known only	1914, to Con 22
(Month) (Day (Year)	that I last saw how alive on the ZZ
7 AGE If LESS that	and that double occurred on the date stated above, actual
30 yrs mos ds OR min.?	I ING CAUSE OF DEATH × Was as follows:
* OCCUPATION	9.4
(a) Trade, profession, or particular kind of work	and the same of th
(b) General nature of Industry, business, or establishment in	
which employed (or employer)	(Duration) yrs. mos.
State or country)	Secondary Secondary
10 NAME OF	(Doration) yrs mos.
FATHER	(Signed) Thomas VI 2 my have
11 BIRTHPLACE OF FATHER	COBL 24, 1914 (Address) Sect Decay
(State or country) Maylenn	*State the DISEASE CAUSING DEATH, or, in deaths from CAUSES, state (1) MEANS OF INJURY; and (2) whether
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER 13 MAIDEN NAME OF MOTHER	CAUSES, state (1) MEANS OF INJURY; and (2) whether A
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRA
OF MOTHER (State or country) Manham	At place of death yrs, mos, ds. State yrs, mos.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) Charles Stendesonet	Former or
2000 - 100 mg	19 9-ACE OF BURIAL OR REMOVAL DATE OF BURI
(Address)	DATE OF BURI
18	1 4 min original de la company
Filed Och 2 4 1914 Francisko moles	30UNDERTAKER ADDRESS /

[Approved by U. S. Census and American Public Health Association.]

ness. If retired from business, that fact may be indicated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., childbirth or miscarriage as "Puerperal septiehaegenital," thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viocause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. Excer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Candent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-aeci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of



-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSTOLANS should state CAUSE OF DEATH in plain terms. so that it may be properly classified. Exact statement of OCCUPACION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

V. S. No. 1.

N. B.

county a. a. County.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 2/
Village or City amapolis. (No. 42, 1) 2FULL NAME Louis Johnson	Carrollallyst; / Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color or RACE Single, Married, Widower, Wilder the word)	16 DATE OF DEATH Oct 7, 191.4 (Month) (Day (Year)
6 DATE OF BIRTH LINE KILOWY, 1866 (Month) (Day (Year)	that I last saw h alive on 191
7 AGE If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) West himself	(Duration) / yrs. 3 mos. — ds. Contributory Hert Jailers Schondary
State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF OF MOTHER OF MOTHER OF MOTHER	(Signed) (Signed) (Signed) (Address) (Signed) (M. D.)
13 BIRTHPLACE OF MOTHER (State or country) Not known	*State the DINEASE CAUSING DEATH, or, in death from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds
(Informant) Martha Johnson (Sister	Where was disease contracted, If not at place of death? Former or usual residence.
16 Och 9th 1914 Ims Welch REGISTRAR	Drewer Hill Cemeter Date of BURIAL Drewer Hill Cemeter Det 9, 1914. 20 UNDERTAKER Samuel Allen 32. N. West At
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

statement. "Manager," "Deaier," etc., without more precise specimaterial worked on may form part of the second additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of agc. tiou is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the misease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid ineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Caninjury, as fracture of skuii, and consequences (e. g., ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaecause. Aiways qualify aii diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failurc," "Haemorrhage," "Inanition," "Marasgenitai," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Mcasles (disease causing death), 29 ds.; affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of State cause for For vio-

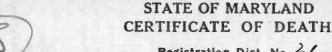


state PHYSICIANS should state of OCCUPATION is very properly classified. Exact statement A PERMANENT stated EXACTLY. should be WRITE PLAINLY, WITH UNFADING INK-THIS IS AGE of information should be carefully supplied.

DEATH in plain terms, so that it may be instructions on back of certificate. B.—Every Item CAUSE OF Important.

ż

PLACE OF DEATH 9623
County anne area area.



St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH (Month) (Day (Year)
17 I HEREBY CERTIFY, That I attended deceased from 191 to 191 that I last saw h alive on 191 191 191 191 191 191 191 191 191 19
and that death occurred on the date stated above, at
Contributory (Duralion) yrs. mos. ds.
(Signed) (Duration) yrs mos ds. (Signed) (Signe
At place of death yrs, mos. ds. State yrs. mos. ds Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Magothy Col. Church Oth 20, 191 y 20 UNDERTAKER ADDRESS

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At schoot or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a slugle word or term on the applies to each and every person, irrespective of age. ness of various pursults can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has As examples: "Foreman,"

Statement of cause of death—Name, first, the misease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinat fever (the only defiuite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic childbirth or miscarriage as "Puerreral septichaeetc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitiat nephritis oma, Sarcoma, etc., of...... (name origin; "Can-ACCINENTAL, SUICINAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustlon," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomenclaschsis, totanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. "Contributory." dent; Revotver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of Never report



V. S. No. 1.

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

	unty Coa City Coastfort (No. Chic	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ward) Registration Dist. No. No death occurred in a hospital or institution, give its NAME instead
	2 FULL NAME Jaly	of street and nomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3s fe	male Color of RACE & Single, Wisowed, Original Wisowed, Original Wisite the word)	16 DATE OF DEATH Oct. 13 4 (Year)
6 D	Oct B., 1914. (Month) (Day (lear)	that I last saw her alive on One 3, 1914,
7 A		and that death occurred on the date stated above, at 12.05 a.m. The CAUSE OF DEATH* was as follows:
(a	OCCUPATION) Trade, profession, or ricular kind of work. General nature of industry,	Premature buth Dua
bus	lness, or establishment in ch employed (or employer)	(Duration) yrs mos ds.
S	10 NAME OF FATHER James Johnson 11 BIRTHPLAGE OF FATHER 11 BIRTHPLAGE OF FATHER	(Signed) (Duration) yrs mos ds. (Signed) (Address) Statistical Management (Address) (
PARENT	12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, Or HOMICIDAL.
	13 BIRTHPLACE OF MOTHER (State or country) Cart put Ma	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs, mos, ds. State yrs, mos, ds
	(Interment) James Johnson	Where was disease contracted, If not at place of death?
15 Fil	REGISTRAR	19 place of Buriat OR REMOVAL British of Buriat Cot 13, 191 4 20 undertaker Laylar. Sa, Address Carrier 6 E. Franklin St., Balto, Requesting V. S. No. 1.
		ouch.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons mine, etc. statement. material worked on may form part of the second who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dcaler," etc., without more precise speci-Groccry; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kiud of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) a Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercuces of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic scpsis, tctanus) may be stated under the head of such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "I'UERPERAL peritonitis," ctc. State cause for childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Seuile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less defluite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Caninjury, as fracture of skull, and consequences (c. g., ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of For VIO-



V. S. No. 1.

Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD N. B.

CE OF DEATH	9625	(29
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County....

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No. 2
1		

amapoline 32, Mountment st; 3 Ward)

[If death occurred in a hospifal or institution,

	FULL NAME Walty Jon	of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	1 alo 1 h la la MARRIED, Jenyle	16 DATE OF DEATH ON 16 ,1914 (Month) (Day (Year)
8 D	ATE OF BIRTH UNKnown , 1878	17 I HEREBY CERTIFY, That I attended deceased from 1914, to 1914,
	yrs mos ds 1 day,hrs.	and that death occurred on the date stated above, at
(b) bus wh) Trade, profession, or ricular kind of work	(Ouration) yrs 4 mos ds.
ARENTS 8	10 NAME OF FATHER (State or country) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	Contributory Secondary (Duration)
Д.	13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds Where was disease confracted, If not at place ot death?
15 Fil	(Address) west St Ext Led Och 17, 1914 Amg Welch	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ADDRESS ADDRESS
	REGISTRAR Q If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.
	d	o and a remain St., Batto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an For many occupations a single word or term on the been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer Coal material worked on may form part of the second it should be used only when needed. who have no occupation whatever, write Nonc. (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of State cause for For VIO-



V. S. No. 1.

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should PHYSICIANS show RECORD PERMANENT EXACTLY. 0 UNFADING INK-THIS properly supplied. certificate. 0 0 WITH bsck terms, pinous uo PLAINLY. plain instructions DEAT WRITE See o OF CAUSE OF Important.

* OCCUPATION
(a) Trade, profession, or

9 BIRTHPLACE

ARENT

15

particular kind of work

(b) General nature of Industry, business, or establishment in

which employed (or employer)

(State or country)

11 BIRTHPLACE

OF FATHER (State or country)

12 MAIDEN NAME

13 BIRTHPLACE

OF MOTHER

(Address).....

OF MOTHER (State or country)

10 NAME OF

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. [if death occurred isWard) a hospital or institution, give its NAME instead ot street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED, MA (Month) (Day (Write the word) DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that deeth occurred on the dete ateted above, 1 day hrs. The CAUSE OF DEATH* wes ea follows: OR 7

(Year) / I HEREBY CERTIFY, That I ettended deceased from (Duration) Contributory Secondary (Signed) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL, 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTA At place In the of death _____ yrs. ___ mes. ___ __ ds. State _____ yrs. Where was disease contracted. If not at place of deeth? Former or osuel residence OF BURIAL OR REMOVAL DATE OF 20 UNDERTAKER ADDRESS

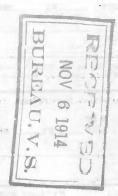
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: gainfully employed, as At school or At home. Care fication as Day laborer, Farm laborer, Laborer-Coal who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tlon is very important, so that the relative healthfulessary to know (a) the kind of work and also (b) For many occupations a single word or term on the applies to each and every person, irrespective of age. (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal menligitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia," unqualified, is Indefinite): Tuberculesis of lungs, meninges, peritongeum, etc., Carcin-

eause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanitlon," "Marasgenital," thenla," "Anaemla" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease eausing death), 29 ds.; affection need not be stated unless important. valeular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the by carbolic acid-probably suicide. The nature of the The contributory "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent)



V. S. No. 1.

9

	ECORD	HYSICIANS should state
	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
V. S. No. 1.		N. B.—Every CAUSE Import

	¹ PLACE OF DEATH	9627	STATE OF MARYLAND
6		17	04) CERTIFICATE OF DEATH
60	ounty a g	Bay	Registration Dist. No.
VII	lage or City	lating a	a C 15 Do d
	liago Of Oily	(No.	St.; Ward) a hospital or institution, give its NAME instead
	²FULL NAME	Charles	Kucha of street and number.]
	PERSONAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 8	EX 4 COLOR OR RAC	MARRIED, Hermal !	16 DATE OF DEATH Oct. 28th 1014
か	ale W	WIDOWED, ORDIVORCED (Write the word)	(Month) (Day (Year)
6 D	ATE OF BIRTH) 4	I HEREBY CERTIFY, That I attended deseased from
	(Mont	0 15 , 1919	(Oct 28
7 A		h) (Day (Year)	24
	Yrs.	mos / 3 ds. OR min.	The CAUSE OF DEATH * was as follows:
	CCUPATION	US. US. UK	- Carlo for Barrier
) Trade, profession, orricular kind of work	Nme	Tare Vasito Dupuleo
bus) General nature of Industry, siness, or establishment in	N. A	5 hours
wh	ich employed (or employer)		Gontributory (Duration) yrs mos ds.
	(State or country)	maryland	Secondary
	10 NAME OF FATHER	, 1	(Signed) William D. Levtt. M. n.
S	11 BIRTHPLACE	la Kustna	
Z	OF FATHER (State or country)	instria.	
PARENTS	12 MAIDEN NAME OF MOTHER	1. 7.1	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
O.	13 BIRTHPLACE	une Babile	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	OF MOTHER (State or country)	Custia	At place in the of death yrs mos ds. State yrs mos ds
14 1	THE ABOVE IS TRUE TO THE BE	ST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
	(Intermant) traule	Kuslaas	Former or usual residence.
	(Address) Cut	2 May and	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	Q: b H	0 26 1	Authors Oct 30, 1914
Fil	en 0/2 1914 / 7	1. Mona In	20 UNDERTAKER ADDRESS
		REGISTRAR	nauty row don 1/44 ashland 1

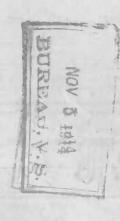
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner; (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," nnqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." mus," "Old Age," "Shock," "Uraemia," "Weakness," sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "PUERPERAL etc., when a defiuite disease can be ascertained as the theuia," "Anaemia" (merely symptomatic), "Atrophy," by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inauition," "Marasgeuital." "Senile," etc.), "Collapse," "Coma," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, naut neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Mcastes (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head of "Couvulsions," "Debility" ("Con-"Dropsy," "Exhaustion," septichac-



PLACE OF DEATH 9628	STATE OF MARYLAND CERTIFICATE OF DEATH
County 1, 1	214
~ 1	Registration Dist, No.
Village or City J. Balto (No. 10,	Church- St.; Ward) [if death occurred in a hospital or institution,
FULL NAME Youtauty Lan	give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Why 6 Stringle, MARRIED, 1 WIDOWED OR WORKER 19 (Write the WORK)	18 DATE OF DEATH Oct 2 1914
DATE OF BIRTH MAN 30 913	OCN 1 5 1914, to OCN 2 1914
(Month) (Day fear)	that I last sew h Mailve on Cef 1 19 4
7 AGE If LESS than 1 dayhrs.	and that death occurred on the date stated above, and the m,
yrs	The CAUSE OF DEATH* was as follows:
8 OCCUPATION 5	Tellander College College
(a) Trade, profession, or particular kind of work	Harmonary Javillaroses
(b) General nature of industry.	A Landon Son
business, or establishment in which employed (or employer)	came here from Dy la way
BIRTHPLACE (State or country) Curtis, Bay-	Secondary (Constant)
10 NAME OF Stamilan. Lawrick.	(Signed) A But for for Mos. M.D.
11 BIRTHPLACE OF FATHER	Cer 12, 1914 (Address) Do , Balto, M.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 14 A ANOWAR	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENC CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
a of MOTHER of 9. dosowsky	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) Russians. Poland	OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, ds
THE ABOVE IS THE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
Unformant IV. A awnich	Former or
(Informant) V / W	usual residence.
(Address) whis lody-	19 PLACE OF BORIAL OF REMOVAL PATE OF BURIAL
16 Odala - The Ballata	29 QUI DARTAKER ADDRESS
Filed 191 191 191 191 191 191 191 191 191 19	Delliam Fiall owek 168 Carlen
If more blanks are needed, address State Realist	ital, 6 E. Franklin St., Balto., Requesting V. S. No. 1.
	104.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care fication as Day laborer, Farm laborer, Laborer-Coal statement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulmaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupamany occupations a single word or term on the If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart fallure," "Hacmorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent)



BINDING FOR MARGIN RESERVED

S. No. 1.

-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS N. B.

	(6
PLACE OF DEATH 10450	STATE OF MARYLAND
	CERTIFICATE OF DEATH
County	3.4.
6 1 (13. 6	Registration Dist. No.
Village or City Cast MATTE	St; Ward) [If death occurred in a hospital or institution,
	give its NAME instead
Charles M	of street and number.]
* FULL NAME VCWCLD	A
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OB RACE SINGLE, MARRIED,	16 DATE OF DEATH 26 1914
Mule While (Write the word)	(Month) .(Day) (Year)
B DATE OF BIRTH	1T I HEREBY CERTIFY, That I attended deceased from
unferran ,	, 191, to, 191,
(Month) (Day) (Year)	that I last saw h allve on, 191
TAGE about If LESS than	and that death occurred on the date stated above, at
1 day,hrs.	The CAUSE OF DEATH * was as follows:
yrsds. + ormin. ?	(1) 1 10
BOCCUPATION (a) Frade, protession, or	1 secident
particular kind of work	/ 0
(b) Genoral nature of Industry, business, or establishment to	howing.
which employed (or employer)	(Duration) yrsds.
BIRTHPLACE (State or country)	Contributory (Secondary)
Lermany	(Ografign) yrs Oppis ds.
10 NAME OF TALL	(Signed) tames of browley Come
moremone	TILE AW
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	(Address) Swith Line
(State or country) / //	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
OF MOTHER	TAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country)	At place In the of death yrs mos ds. State yrs mos ds.
4THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
British Consulate	It not at place of death?
(Informant)	usual residence
(Address) Ce Payelle St.	10 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
5 h in that for for	Mr. Olivet emeley NOV 3, 1914
Filed 111/3 191/2013 Kourton My	20 UNDERTAKEN ADDRESS
REGISTRAR	Jos. 13. Cook Joos W Balls S
If more blanks are needed, address State Registrar	16 E. Franklin St., Balto., Requesting V. S. No. 1.
V Company	- July

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). duties of the household only (not paid Housekcepers material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) ness of various pursuits can be known. The question who have no occupation whatever, write None. causing death, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative mealthfui-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, return "Laborer," For persons "Foreman,"

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BURBAU, V.S.

V. S. No. 1.

N. B.

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT UNFADING INK-THIS IS carefully supplied. that It may be of information should be carefully su DEATH in plain terms, so that it m See instructions on back of certificate. WRITE PLAINLY, WITH CAUSE OF important.

1 PLACE OF DEATH

Viliage or City.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.; Ward)

[It death occurred in a hospital or institution, give its NAME Instead of street and number.]

Shel bush -Un named.

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Pendle Pelast Single, Married, Single Or Divorced (Write the word)	(Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH OU 26 , 914 (Year)	that I last saw h alive on
TAGE JUL Outh It LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work	Cord (Duration) yrs mos. ds.
OF FATHER Country) 10 NAME OF FATHER Conference OF FATHER Conference OF FATHER Control 11 BIRTHPLACE OF FATHER Conference OF MOTHER C	(Signed) (Duration) yrs mos ds. (Signed) (Numberson M.D. Od 27 ,1914 (Address) Hausver Md *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death
(Address) Hanser Ma Road 16 Del 27 4 Cer Monlessian PREGISTRAR	Cromwell Jann Bate of Burial Oct 27 1914. 20 UNDERTAKER John Lishon Manower MI

[Approved by U. S. Census and American Public Health Association.]

eated thus: Farmer (retired 6 yrs.) For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every persou, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulwho have no occupation whatever, write None. been ehanged or given up on account of the DISEASE gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Preeise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic mia," "Puerperal peritonitis," etc. State eause for childbirth or miscarriage as "Puenperal septichaegenital," "Senile," etc.), "Dropsy," thenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Asample: affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and eonsequeuees (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-aceisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus." "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Timor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Exhaustiou," For vio-



S. No. 1. ۸.

1	1 PLACE OF DEATH Unity A - A (151)	STATE OF MARYLAND CERTIFICATE OF DEATH
	age or City amaholis (No Wa	Registration Dist. No. 2/ Zers St.; 3 Ward) [if death occurred in a hospital or instillation, give its KAME instead of street and number.]
	2FULL NAME	
3 S E	PERSONAL AND STATISTICAL PARTICULARS 4 COLOR OR RACE 5 SINGLE,	MEDICAL CERTIFICATE OF DEATH
MI	ale Colord Wilsower Market Smyle Consultation (Write the word)	(Month) (Day (Year)
6 D/	SATE OF BIRTH JAME 1 - 1914	Oct 15, 1914, to Oct 27, 1912
7 A C		and that death occurred on the date stated above, at The CAUSE OF DEATH* was as follows:
(a) par (b) busi	yrs	Congental Debility Since Bith Made (Quration) yrs mas.
981	RTHPLACE (State or country) $A - A - Co Md$	Contributory Example (Ouralian) yes mas
ARENTS	11 BIRTHPLACE OF FATHER (State or country) West River, Md 12 MAIDEN NAME L	*State the DISEASE CAUSING DEATH, or, in Acaths from VIOLEN CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
b/	OF MOTHER Ova Smith 13 BIRTHPLACE OF MOTHER (State or country) amalohis Ind	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS or RECENT RESIDENTS) At place In the of death yrs, mos ds. State yrs, mos d
	(Informant) Martha fm: the Martha fm: the Martha fm: the Martha fm: the Malers of the	Where was disease contracted, If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL— DATE OF BURIAL POENTALISE CONTRACTOR BURIAL 19 191.7
File	PEGISTERS	20 UNDERTAKER OF SON 99 WAST CT

9630

If more blanks are needed, address State Registrar 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

mine, etc. Women at home, who are engaged in the who have no occupation whatever, write Nonc. eated thus: CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the klud of work and also (b) eases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. been changed or given up on account of the disease first live will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, The

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Caroin-

cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., scpsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of mia," "PUERPERAL peritonitis," etc. State eause for childbirth or misearriage as "Puerperal septiehacmus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanitiou," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) by earbolie acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as ete., when a definite disease can be ascertained as the dent; Revolver wound of head-homicide; Poisoned Aceidental drowning; Struck by railway train-acciaccidental, suicidal, or homicidal, or as probably which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from "Senile," etc.), Measles (disease causing death), 29 ds.; (secondary or intercurrent) "Dropsy," "Exhaustion," Never report



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCURATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Village or City S. Baltimore (No. 1	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 2 [If deeth occurred to a hospital or Institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Ingle White Single, MARRIED, MARRIED, WIDOWED, ORDIVORGED (Write the word)	16 DATE OF DEATH Oct. 12 th. (Year)
april 30,1864	17 I HEREBY CERTIFY, That I attended decessed from Oct. 10 th. 1914, to Oct. 12 th. 1914, that I last saw have alive on Oct. 12 th. 1914
7 AGE (Month) (Day (Year) 1 LESS then 1 day,hrs. ORmin, ?	and that desth occurred on the data stated above, at 6 0/1 m. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or perticular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) Bench Carpenter Carpenter	Carcinoma of Stomach (Duration) / Oyrs mos ds.
9 BIRTHPLACE (State or country) Mary land	Contributory Secondary
10 NAME OF FATHER Phastin V. Phalloule 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER	(Signed) William Death, or, in deaths from Violent Causes, state (1) Means of Injuex; and (2) whether Accidental, Suicided, or Howicidal, or H
OF MOTHER Lydia & Anderson 13 BIRTHPLACE OF MOTHER (State or country) And	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds. State yrs, mos ds
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Sallie In Mallonel	Where was disease contracted, If not at place of death? Former or usual residence
16 Och 14 DB. Howlow May	Bedan Hill Cematery Oct 14, 1914
REGISTRAR	armstrong Senny Ce 713 alto Ina

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

9

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specistatement. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and ehlldren, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or Industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to cach and every person, Irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, If impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerreral peritonitis," etc. State eause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canis less definite; avoid use of "Tumor" for malig-The eontributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of may be stated under the head of "Dropsy," "Exhaustion," Never report



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P . PHYSICIANS shoul RECORD PERMANENT classified. 0 INK supplied. pe UNFADING WITH terms, for PLAINLY, plain of information = DEATH See Item HO mportant. Every It m

Jo Instructions

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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No ... I'll death occurred is a hospital or institution, give its NAME instead of street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RAGE 5 SINGLE, DATE OF DEATH MARRIED. WIDOWED, ORDIVORCED (Write the word) (Month) (Day (Year) HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH alive on (Day (Year) 7 AGE It LESS than and that death occurred on the date stated above, st t day. Ahrs. The CAUSE OF DEATH* was as follows: OR J. min. ? -mos BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) -----9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ___ mos. _ State _____ yrs. _ Where was disease contracted. It not at place of death?. Former or usual residence.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

PLACE OF BURIAL OR REMOVAL

20 UNDERTAKER

DATE OF BURIAL

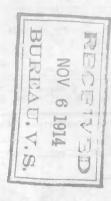
ADDRESS

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Servant, Cook, Housemaid, etc. If the occupation has mine, etc. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the The (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

lnjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemla," "Weakness," genital," nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viochildbirth or misearriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Can is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of State cause for



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S. No. 1.

PLACE OF DEATH 9633	STATE OF MARYLAND
County asser armsel (2)	CERTIFICATE OF DEATH
	Registration Dist. No. 22
Village or City Harmans (No	St.; Ward) [it death occurred is a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female 4 COLOR OR RACE 5 SINGLE, MARRIED. Mamid WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH October 19, 1914 (Month) (Day (Year)
6 DATE OF BIRTH August 19, 1880 (Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from any 30, 1914, to October 19, 1914, that I last saw her alive on October 19, 1914
7 AGE 3 4 yrs 2 mos ds. OR min.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in	(Auratian)
which employed (or empioyer) BIRTHPLACE (State or country) Maryland	Contributory Subereular peritoritis Secondary (Dipation) yrs mos / 9 ds.
11 BIRTHPLACE OF FATHER 11 BIRTHPLACE OF FATHER	(Signed) A A Stammond M. D. Oel 20, 1914 (Address) Losup
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER CLICA Shuson	*State the DISEASE CAUSINO DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST/OF MY KNOWLEDGE	At place in the ot death yrs mos ds. State yrs mos ds Where was disease contracted,
(informant) Charles Oden	It not at piace of death? Former or usual residence.
Filed Colifes 20, 1914 L-H 2 / + ashife	Harrist Grand DATE OF BURIAL 20 UNDERTAKER ADDRESS ADDRESS
	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

-(a) Spinner, (b) Cotton mill; (a) Salesman, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. naterial worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when necded. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." schsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, naut neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origiu; "Canby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," Never report For vio-



S. No. 1.

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PLACE OF	DEATH	9634
A a	P	2093

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No .-

-St	,	Ward)

[It death occurred la a hospital or Institution, givn its NAME instead of street and nomber.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS SEX COLOR OR RACE MARRIED, WIDOWED, DROIVORCED (Write the word) DATE OF BIRTH (Month) (Day (Year) TAGE It LESS than 1 day,hrs. ORmin,?	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from 1914, to 191
(a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer)	(Buration) yrs mos LD
OF FATHER JOHN PURCHASE 10 NAME OF FATHER JOHN PURCHASE OF FATHER JOHN PURCHASE OF FATHER (State or country) Maryland 12 MAIDEN NAME OF MOTHER (State or country) Maryland 13 BIRTHPLACE OF MOTHER (State or country) Maryland 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Contributory Secondary (Signed) P (B) PROBLEM NO. (Signed) 191 (Address) P (B) (Address) No. *State the Disease Causing Death, or, in deaths from Viole: Causes, state (1) Means of Injury; and (2) whether Accide Tal, Suicidal, or Homicidal. 18 Length of Residence (for Hospitals, Institutions, Transient or Recent Residents) At place In the of death yrs, mos, ds. State yrs, mos, where was disease contracted,
(Interment) Ferris Pack (Address) Irves Statisme (Address) Irves Statisme Filed Och 10, 1314 Mrs Melch REGISTRAR	If not at piace of death? Former or Usual residence. 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER ADDRESS 20 Calser Arr, d E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," eated thus: Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease It should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But lu many Physician, Compositor, Architect, Locomotive engineer, first line will be snfficient, e. g., Farmer or Planter, applies to each and every person, Irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be Indi-Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronehopneumonia ("Pnenmonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritongeum, etc., Carcin-

sepsis, tctanus) may be stated under the head of 'Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (c. g., such, if Impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerreral peritonitis," etc. State cause for nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association. cause of death approved by Committee on Nomencladent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. childbirth or miscarrlage as "Puerperal septichaccte., when a definite disease can be ascertalued as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatle), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probably suicide. The nature of the Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for mallg-The coutributory Always qualify all diseases resulting from Measles (disease causing "Senile," etc.), "Dropsy," "Exhaustlon," (secondary or intercurrent) death), 29 ds.; For vio-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING MARGIN RESERVED FOR F. S. No. 1.

PLACE OF DEATH 9635	STATE OF MARYLAND
County line hundel 107	CERTIFICATE OF DEATH
0 - 1	Registration Dist. No. 2.
Village or City Ourtes Day (No. 1/ 8)	Kypays St.; Ward) [If death occorred in a hospital or institution,
O. A. Park	give its WAME lostead of street and oumber. I
FULL NAME fucus Dusyny	Wicz
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE,	18 DATE OF DEATH (Letter 3 1914
Ferrale White (Write the word)	(Month) (Day) (Year) 17 / HEREBY CERTIFY, That I attended deceased from
B DATE OF BIRTH LE 22ML 2111	JEhr 26, 191 4 to Oct 1 1914
(Month) (Day) (Year)	that I last saw h. L.Y. alive on Oct 12 1916
7 AGE If LESS than	and that death occurred on the date stated above, at 8 am,
yrs	The CAUSE OF DEATH was as follows:
OCCUPATION (a) Frade, profession, or	- Samo onucus
particular kind of work	
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs mos /O ds.
9 BIRTHPLACE (State or country)	Contributory (Secondary)
- Carren	(Detailed) yrs mes ds.
10 NAME OF Planey Holy KNEWAS	(Signed) MRIM Savage N.D.
11 BIRTHPLACE OFFATHER	Oll, 4, 1914 (Address) 1/29 Madison On
(State or country) & KUSINIA	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
a Charles Okibinsky	TAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place
OF MOTHER (State or country)	of death yrs mos ds. State yrs mos ds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of death?
(Informant) Waarynaa Garyna	usual residence
(Address) D. to y says IV.	THE CALL OF BURIET OF BURIET
Filed Oct 4 dr 1944 913. Horton In &	HOLY CON Chilley OC 3 , 191 W
REGISTRAR	Frank Crack ashland
of If more blanks are needed, address State Registran	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public. Health
Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal tion is very important, so that the relative mealthfulcated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Houscwife, Housework, or At Home, and children, not mine, etc. statement. the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionaeum, etc.. Carcin-

childbirth or miscarriage, as "Purereral septichaecause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ture of the American Medical Association. "Contributory." dent; Revolver wound of head-homicide; Poisoned LENT DEATHS State MEANS OF INJURY and qualify as ter" is less definite; avoid use of "Tumor" for maligmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion, (name origin; "Can-Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

NOV 5 1914

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	r RECORD	PHYSICIANS should state of OCCUPATION is very	
V. S. No. 1.	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	
7		Z	

Village or City Catherine Corner Catherine Corner Corner Catherine Corner Corne	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fismals 4 COLOB OR RACE 5 SMGLET, WINDWED, WIDOW OR ORDINARCED (WITH the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
ODATE OF BIRTY DECEmber 28 (Month) (Day (Year)	that I last saw h Sx alive on Aug. 5245, 1915
7 AGE 1 LESS than 1 day,hrs. 0 min.?	and that death occurred on the date stated above, at 7 - 8 m, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer)	(Quration) yrs mos. ds.
State or country) amapolis Ind	Secondary (America) was men de
10 NAME OF FATHER LAMES POINTES 11 BIRTHPLACE OF FATHER (State or country) Montgomery & montgom	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE OF SOVERY The ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs, mos. ds Where was disease contracted, if not at place of death? Former or
(Informant) (Address) 15 Filed Out 23, 1914 Ams Melch REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL RYSWERFIELD CENTUL, 10, 26, 1914 20 UNDERTAKER OF SON 99 WEST, ST

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of ago. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulessary to know (a) the kind of work and also (b) first line will be sufficient, c. g., For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, If the occupation has Farmer or Planter, "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) injury, as fracture of skuli, and consequences (e. g., ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For -viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all discases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mereiy symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report The contributory tctanus) may be stated under the head (Recommendations on statement of (secondary or intercurrent)



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state Very SICIANS should OCCUPATION IS PHYSICIANS PERMANENT C properly pe UNFADING Suppil may certifica 10 back uo PLAINLY ATH in plain instructions EAT See 50 FO Item Important. Every it 20

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1 PLACE OF DEATH STATE OF MARYLAND 91. (A.Co) CERTIFICATE OF DEATH Registration Dist. No. lit death occurred in a hospital or institution. give Its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE, DATE OF DEATH MARRIED. WIDOWED, ORDIVORCED (Write the word) (Month) (Dav (Year) I HEREBY CERTIFY, That I attended deversed from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 dayhrs. The CAUSE OF DEATH * was as follows: OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Indostry, business, or establishment in which employed (or employer) -----BIRTHPLACE Contributory. (State or country) Secondary 10 NAME OF FATHER S 11 BIRTHPLACE (Address) ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country ot death yrs. mos. ... State _____ yrs, ____ mos. Where was disease contracted. If not at place of death? Former or usual residence.

> DATE OF BURIAL 20 UNDERTAKES ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

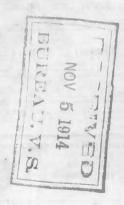
REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons who have no Coupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has statement. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who acceive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulshould be used only when needed. As examples: Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State childbirth or miscarriage as "Puerperal scotichacetc, when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important., valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, ctc., of...... (name origin; "Can-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senilc," etc.), may be stated under the head of "Dropsy," "Exhaustion," Never report cause for



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PERMANENT

SICIANS should OCCUPATION IS PHYSICIANS instructions CAUSE OF

state

RECORD

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No Ilt death occurred in .Ward) a hospital or institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX MARRIED, WIDOWED, (Month) (Dav (Write the word) I HEREBY CERTIFY, That I attended deceased from (Month) (Day (Year) 7 AGE It LESS than and that death occurred on the date stated above. 1 day hrs. The CAUSE OF DEATH* was as follows: OR ? BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) Contributory Secondary (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ARENT **OF FATHER** *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-(State or country) 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At piace In the OF MOTHER (State or country ot death yrs. mos. ds. State yrs. ____ Where was disease contracted. tf not at place of death? Former or usual residence. (Address) 15

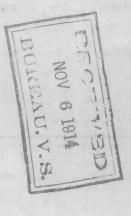
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercuters of lungs, meninges, peritonacum, etc., Carcin-

sepsis, tetanus) may be stated under the head childbirth or miscarriage as "Puerperal septichae mus," "Oid Age," "Shock," "Uraemia." "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Coliapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, uant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mangoma, Sarcoma, etc., of..... (name origin; "Can ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for ctc., when a definite disease can be ascertained as the genital," "Senile," etc.), Bronchopneumonia (secondary), 10 ds. ample: The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of "Dropsy," "Exhaustion," Never report



1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilt death occurred in a hospital or institution. give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH (Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from and that death occurred on the date stated above at

In the

State _____ wrs. ____ mos.

ADDRESS

DATE OF BURIAL

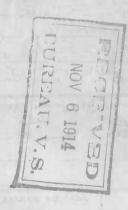
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Statement of cause of death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meminges, peritonaeum, etc., Carcin-

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8. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICAMS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD UNFADING INK-THIS IS A PLAINLY, WITH WRITE

PLACE OF DEATH lune

STATE OF MARYLAND CERTIFICATE DEATH No 2/ OF

V	illage or City Orna (N6)	St; Ward) [If death occurred to a hospital or Institution, give its NAME instead of street and number.]
=	FULL NAME	MEDICAL CERTIFICATE OF DEATH
	PERSONAL AND STATISTICAL PARTICULARS	
3 se	MARRIED, SINGLE, MARRIED, WIDOWED, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day) (Year) I HEREBY CERTIFY, That I attended deceased from
6 D	ATE OF BIRTH	, 191, to, 191, 191
	(Month) (Day) (Year)	that I last saw h alive on, 191
TAC	29. yrs mos, ds. 1 day,hrs.	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows: Wandend away or the 24
(2)	Trado, profession, or Labora -	nor. 12. 1914, aut aspende
busi	General nature of Industry, ness, or establishment in ch employed (or employer)	tye & ex pro (Duration) yrs. mos. ds.
9 BI (Si	RTHPLACE (ate or country) Many land.	(Secondary)
	10 NAME OF FATHER Louis Richardson	(Signed) (Sugned) (Signed) (Si
RENTS	OF FATHER (State or country) Wary land.	*State the Disease Causing Death, or, in deaths from Violent Causins, state (1) Means of Injury; and (2) whether Accident
PAR	OF MOTHER WAY & France.	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSPARE
	OF MOTHER (State or country) way land.	At place In the of death yrs, mos ds. State yrs, mos ds.
	Informant)	Where was disease contracted, If not at place of death? Former or usual residence.
16	(Address) Walesbury	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL MASTY Curelas Many 1 1/14 1914
File	d / 8 / 191 X REGISTRAR	20 UNDERTAKER ADDRESS ADDRESS Ind
	If more bianks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons causing death, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomolive engineer, who have no occupation whatever, write None. been changed or given up on account of the DISEASE gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer Figicment. material worked on may form part of the second additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Scrvant, Cook, Housemaid, etc. it'should be used only when necded. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are cugaged in the Never return "Laborer," If the occupation has As examples: "Foreman," -Coal

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using aiways the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum,

childbirth or miscarriage, as "Puerperal septichaccause of death approved by Committee on Nomencia injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for mus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inaultion," "Maras. nant neoplasms); Heasles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailgture of the American Medicai Association.) "Contributory." sepsis, tetanus) dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis oma. Sarcoma. etc., of _ Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," may be stated under the head (Recommendations on statement of (name origin; "Can Examples:



7. S. No. 1.

N. B.

		state
	RECORD	PHYSICIANS should of OCCUPATION IS
	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	-Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
No.		CAU

			4
	PLACE OF DEATH 9640	STATE OF MAR	RYLAND
1		CERTIFICATE O	F DEATH
G	ounty C	Registration Dis	t. No. 2/
٧	illage or City State (No. No. No. No. No. No. No. No. No. No.	St; Ward)	[It death occurred in a hospital or lostitution, give its NAME instead of street and oumber.]
==	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
3 5		(Month) 16 DATE OF DEATH CONTROL (Month) 17 A I HEREBY CERTIFY, That I	(Day) (Year)
6 D	ATE OF BIRTH (Month) (Day) (Year)	that I last saw herealive on Ref	7 1 = 191 4, 4 30 191 4
7 A	If LESS than 1 day,hrs. ORmio. ?	and that desth occurred on the date stated a The CAUSE OF DEATH* was as follows:	above, at 7. 4 m,
(a) pa (h)	CCUPATION) Frade, prefession, or ricular kind of work General nature of industry, iness, or establishment in	Cattlers - C	ocilis
Whi	IRTHPLACE tate or country)	Contributory (Secondary)	13 10 105
S	10 NAME OF CALLES Peligourey	(Signed) PSICE 1001	Souled & M. D.
ARENT	OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in CAUSES, state (1) MEANS OF INJURY; and TAL, SUICIDAL, or HOMICIDAL.	
Δ.	13 BIRTHPLACE OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country)	16 LENGTH OF RESIDENCE (FOR HOSPITALS, II OR RECENT RESIDENTS) At place in the of deathyrs ds, State Where was disease contracted,	yrs, mos, ds.
	(Interment)	If not at place of death? Former or usual residence.	
15	(Address) Seed Ofman apolis	19 PLACE OF BURIAL OR BEMOVAL	DATE OF BURIAL
Fil	of Och 1, 1914 Amsmilch	20 UNDERTAKER	ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Housewife, Housework, or At Home, and children, not mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum,

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e.g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of _ The contributory (secondary or intercurrent) (Recommendations on statement of may be stated under the head (name origin; "Can-State cause for



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PARENT

should state

PHYSICIANS

RECORD

OCCUPATION

statement

3 SEX

7 AGE

DATE OF BIRTH

BOCCUPATION (a) Trade, profession, or particular kind of work.

BIRTHPLACE

10 NAME OF

12 MAIDEN NAME

(State or country)

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in a hospital or institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED, WIDOWED. (Month) Write the word) I HEREBY CERTIFY, That I attended deceased from (Day (Year) It LESS than 1 dayhrs. OR min. ? (b) General nature of Industry, business, or establishment in which employed (or employer) Contributory Secondary (State or country) 1 BIRTHPLACE OF FATHER (State or country)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

1		In the State yrs	
,	Where was disease contracted, It not at piace of death? Former or usual residence		
	PLACE OF BURIAL OR REMOVA	DATE OF	BURIAL H

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: For many occupations a single word or term on the been changed or given up on account of the disease (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman,

Statement of cause of death—Name, first, the disease causing dearn (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumodia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

oma, Sarcoma, etc., of..... (name origin; "Canample: Measles (disease causing death), 29 ds.; etc. The contributory (secondary or intercurrent) valvular heart disease; Chronic interstitial nephritis, nant peoplasms); Measles; Whooping cough; Chronic mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) is less definite; avoid use of "Tumor" for malig-"Sepile," etc.), "Dropsy," "Exhaustion," For vio-



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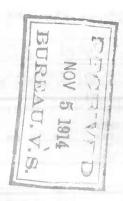
PLACE OF DEATH 9642	STATE OF MARYLAND CERTIFICATE OF DEATH
6 18 1	Registration Dist. No.
Village or City Cast / SNo. VOR	St.; Ward) [It death occurred to a hospital or institution,
FULL NAME AND Y	give its NAME instead of stroet and oumber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White (Write the word)	16 DATE OF DEATH Och. 12 W (Year)
Det 12 1914	17 Cet 12, 1914, to Cot 13 1914.
(Month) (Day (Year)	and that death occurred on the data stated above, at 20 m.
7-442. 14ns. mos. ds. ox min. 2	The CAUSE OF DEATH * was as follows:
© OCCUPATION (a) Trado, profession, or particular kind of work	(Promative Birth
(b) General nature of Industry, business, or establishment in Which employed (or employer)	(Buration) yrs mos/4 kg
9 BIRTHPLACE (State or country) East Brooklyn	Contributory Secondary CONTRIBUTORY Secondary CONTRIBUTORY Secondary CONTRIBUTORY Secondary S
10 NAME OF Harry J. Sikes	(signed) 3. Horiou, M. D.
11 BIRTHPLACE OF FATHER (State or country) Balls. Co. MS 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 15 MAIDEN NAME OF MOTHER 16 MAIDEN NAME OF MOTHER 17 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER 19 MAIDEN NAME OF MOTHER 19 MAIDEN NAME OF MOTHER 10 MAIDEN NAME OF MOTHER 10 MAIDEN NAME OF MOTHER 11 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 15 MAIDEN NAME OF MOTHER 16 MAIDEN NAME OF MOTHER 17 MAIDEN NAME OF MOTHER 18 MAIDEN NA	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL
of Mother May M Selig	18 LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS TOANGLES
13 BIRTHPLACE OF MOTHER (State or country) Ballo. Co. Ind	At place in the of death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY HOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Survey Surv	Former or osual rosidenco
(Address) Do John Mex	Codar Hell Comete Och 13 mill
FIR Oct. 13 1914 J. D. Soorlow Mx.	20 UNDERTAIDER LADDRESS
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the Insease Causing nearif (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lests of lungs, meninges, peritonaeum, etc., Carcin-

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RECORD PERMANENT EXACTLY. INK-THIS supplied. UNFADING should PLAINLY. Information DEATH 6 OF

PHYSICIANS should of OCCUPATION IS classiffed. properly pe may 10 terms, on back 6 plain instructions =

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9643 STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. [If death occurred is ----Ward) a hospital or institution. give its NAME lostead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED, (Month) (Day ORDIVORCEO (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 dayhrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary (Doration) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ____ mes. ___ State ____ yrs.__ Where was disease contracted, If not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL (Address' DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

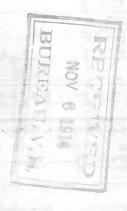
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[Approved by U. S. Census and American Public Health Association.]

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nant neoplasms); Measles; Whooping cough; Chronic schsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State eause for childbirth or misearriage as "Puerperal septiehaemus," "Old Age," "Shock," "Uracmia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease eausing death), 29 affection need not be stated unless important. eer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) eause of death approved by Committee on Nomenela-Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. ete., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably "Heart failure," "Hacmorrhage," "Inanition," "Maras-The contributory Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent) For vioof



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Y. S. No. 1.

N. B.

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Village or City Cast 101 (No. 390) *FULL NAME Filliam Shua	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2/ [if death occurred in a hospital or institution, give its MAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
GDATE OF BIRTH GMONTH (Month) GOAT GOA	16 DATE OF DEATH (Month) (Day) (Year) 17 HEREBY CERTIFY, That I attended deceased from 10, 1914, to Och 18 h, 1914, that I last saw h M, alive on Och 12 th, 191.
7 AGE If LESS than 1 day,	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
BOCCUPATION (a) Trade, profession, or particular kind of work	Quantion) yrs. 1/2 mos. ds.
9 BIRTHPLACE (State or country) Q - Q - Ca, Md. 10 NAME OF FATHER Incardon Strart 11 BIRTHPLACE OF FATHER (State or country) Q - Q - Co, Md. 22 MAIDEN NAME OF OF MOTHER OT MOTHER OF MOTHER OT MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OT MOTHER OF MOTHER OT M	Contributory (Secondary) Souration (Signed) (Si
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant) (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs. mos. ds. State yrs, mos. ds. Where was disease contracted, if not at place of death? Former or usual residence.
(Address) 890 Cheyles QVE- 15 Filed Oct N-1914 My Welch REGISTRAR If more blanks are needed, address State Begistrar	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 10, 15, 1914 20 UNDERTAKER 21 UNDERTAKER 22 UNDERTAKER
. Theadora. g	Purvis

[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. The cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid . Housekcepers mine, etc. Women at nome, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second statement. Never return "Laborer," "Foreman," additional line is provided for the latter statement; the nature of the business or industy; and therefore an Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Farmer or Planter, 9

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutoris of lungs, meninges, peritonacum, etc... Carcin-

such, if impossible to determine definitely. Examples: childbirth or miscarriage, as "PUERPERAL septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Hart fallure," "Haemorrhage," "Inanition," "Maras. mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Mcasles (disease causing death), 29 ds. affection need not be stated nnless important. cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for "Collapse." "Coma," "Convulsions," "Debility" ("Convalvular heart disease; Chronic interstitial nephritis nant ncopiasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for mails ture of the American Medical Association.) Bronchopncumonia (secondary), 10 ds. Never report oma. Surcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (name origin: "Can



No. 202

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RECORD properly classified. Exact statement PERMANENT EXACTLY. stated 4 pinous UNFADING INK-THIS AGE carefully supplied. may of certificate. PLAINLY, WITH DEATH in plain terms, See instructions on back of information WRITE Every item Important.

PHYSICIANS should state of OCCUPATION is very

1 PLACE OF DEATH

STATE OF MARYLAND CEDTICICATE OF DEATH

CERTIFICATE	OI	DLAIII
Registration	Dist.	No. 22

Ward)

[It death occurred la

FULL NAME Elivery Tellaritch give its NAME instead of street and number.]			
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 81	Male: White Single, Married wipower, OR Write the word)	16 DATE OF DEATH Of 13 to 1914 (Year)	
6 D	(Month) (Day (Year)	that I last saw h was alive on Oct 12th, 1914	
TAG	at It LESS than 1 day,hrs.	and that death occurred on the date stated above, at 12:15 m,	
	yrs	The CAUSE OF DEATH* was as follows:	
(a) pai	Trade, profession, or Hammer Ticular kind of work	- Jelhane	
bus	General nature of Industry, iness, or establishment in ch employed (or employer)	(Duration) yrs mos. 15 ds.	
	(State or country) Colevel and This	Gentributory (Mulissee M. (Doby) Secondary (Buration) yrs mos 9 ds.	
	10 NAME OF MAKNOWN!	(Signed) . T. Flemnief , M. D.	
RENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-	
PAR	12 MAIDEN NAME Mary Doyle	TAL, SUICIDAL, OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)	
	13 BIRTHPLACE OF MOTHER (State or country) Cleveland Thio.	At place In the ot death yrs mos ds. State yrs mos ds Where was disease contracted.	
(Informant) Many Selaritan		if not at place of death? Former or usual residence	
15	(Address). Claspins City	19 PLACE OF BURIAL OR REMOVAL OATE OF BURIAL 191	
FII	edvelotes/4th, 1914 L. H. ? Hashift Local REGISTRAR	Liv, 6 Truch Lauri mil	

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

tiou is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursults can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE who receive a definite salary), may be entered as Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never rcturn "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons As examples: But in many (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, Is Indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as etc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallurc," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (uame origiu; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." schsis, tetanus) injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acci such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably IENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertakeu. For viocause. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), may be stated under the head of (Recommendations ou statement of "Dropsy," "Exhaustion," "PUERPERAL septichac-Never report



V. S. No. 1.

25	PLACE OF DEATH SEAR	STATE OF MARYLAND
d state s very	(County a. a. (120)	CERTIFICATE OF DEATH
S should a stion is		Registration Dist, No. 2/
ORD HICIANS SI COURATIO	Village or City amapoli (No. 29 C	St.; 2 Ward) [If death occurred in a hospital or institution, give its RAME instead
TYSIC TYSIC	FULL NAME John G. Il	of street and number.]
T R	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
TLY	3 SEX 4 COLOR OR RACE 5 SINGLE,	18 DATE OF DEATH
MAN EXAC t stat	Male White Property (Will the word)	(Month) (Day (Year)
DERM ited E.	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
stal	July 3 1856	and Dot 12
Silec	7 AGE (Month) (Day (Year)	that I last saw harmalive on 191
S I.	AGE If LESS than 1 dayhrs.	and that death occurred on the date stated above, at 6,00 m,
E da v	yrs mos Gs OR min.?	The CAUSE OF DEATH* was as follows:
AGE roperi	8 OCCUPATION (a) Trade, profession, or	The state of the s
Z a	particular kind of work	
Pplied ay be	(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs 4 mas. ds.
ADI iy su it m cate.	9 BIRTHPLACE (State or country)	ContributorySecondary
	U. U. Co mol,	(Duration) yrs mos ds.
careful so that	10 NAME OF FATHER PALT PI	(Signed) for S. Toyee up
T 9 . x	o 11 BIRTHPLACE	Ogt 14, 191 & (Moress) aught,
, WII	OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	
> 10 0	12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
ion plair	a Martha Cruser	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
PLA orma H In struct	13 BIRTHPLACE OF MOTHER 13 OT . 904	At place In the
* H C	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs mos ds. State yrs mos ds Where was disease contracted,
WRITE m of in of DEA.	9m Ll - Notice	If not at pace of death?
Witem	(Informanty Plan William W. (X) OVE	usual residence
ن الله	(Address) Chuapolis Md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Every	16 M 1 10 America	Cedar Bliff Cent Oct /3, 1914
- m	Filed Cet 13, 1914 A MELCA	20 UNDERTAKED APDRESS
ž	REGISTRAR	fas X. Jay a 2000 Umapolis
	n more blanks are needed, address State Regis	ttal, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

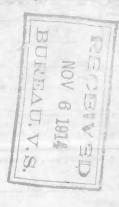


[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. The cases, especially in Industrial employments, it is necwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise speciit should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the misease Servant, Cook, Housemaid, etc. If the occupation has (a) Spinner, essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, (b) As examples:

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nant neoplasms); Measles; Whooping cough; Chronic LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerrenal septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if Impossible to determine definitely. Examples: ACCIDENTAL, SUICINAL, or HOMICINAL, or as probably which surgical operation was undertaken. For viogenital," dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," ctc.), "Dropsy," "Exhaustlon," (Recommendations on statement of



OCCUPATION IS VERY

PHYSICIANS

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DEATH in plain terms, See instructions on back

PARENTS

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of information

CAUSE OF mportant.

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BEX

7 AGE

male

6 DATE OF BIRTH

8 OCCUPATION

(b) General nature of Industry. business, or establishment in

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

RECORD

PERMANENT

4

UNFADING INK-THIS IS

WRITE PLAINLY, WITH

1 PLACE OF DEATH County anne arundel

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 21.

Village or City 329 destric/1	(No,	St.;

WIDOWED, Cy/Know

Waterman

(Year)

If LESS than

1 day hrs

MARRIED,

ORDIVORCED (Write the word)

(Day

fif death occurred inWard) a hospital or institution, give its NAME instead

of street and nomber.]

Un Known.

PERSONAL AND STATISTICAL PARTICULARS

Unknown.

Un Known-

William armiger

4 COLOR OR RACE

Whit.

which employed (or employer)

BIRTHPLACE
OF FATHER
(State or country) Cun Known.

Filed Oed 17, 1914. J. S. Bellingslea

(a) Trade, profession, or Supposed

MEDICA	L GERTIFICATE	OF DEATH	
16 DATE OF DEATH	Uy Kno	(Day	, 191 (Year)
17 I HERES	Y CERTIFY, That		eased fro
••>••••••••• ••••	191, to	······································	, 191
that I last saw h	live on		,191
and that death account	46 2 4.42		_
and that death occurred		d above, at	
The CAUSE OF DEATH			
Drow			
Body found a	n shores of	1 chaper	10 Bay
of I. M. Cook Fo	erm -		7

	(Duration)	yrsn	os
Contributory	0.00.000000000000000000000000000000000	*****************	***************************************
	(Duration)	Warn and	
7	C (Duration)	·	105
(Signed) James	O. Telle	ngolia	M.
Oct 17 , 191.4	(Address) Ely	alou,)	ud
CACSES, STATE (1) ME TAL, SUICHAR, OF WOR	CAUSING DEATH, A	and (2) whether	om Violer er Accide
18 LENGTH OF RESIDE	ICE (FOR HOSPITAL		
OR RECENT RESIDENTS	In the		
of death yrs mo:		yrs	nos
Where was disease contracted, if not at place of death?			
Former or			
usual residence			
19 PLACE OF BURIAL O		DATE OF BE	JRIAL
n .	11151.	d B.	
J. M. Cook Farm	LAKE SHOU.	7.041	Z, 191.5
J. M. Cool Form 20 UNDERTAKER	29% 5/104.1	ADDRESS	Z, 191 <i>£</i>

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

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N.B.

—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAMS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION IS very important. See instructions on back of certificate. PERMANENT RECORD 4 UNFADING INK-THIS IS WRITE PLAINLY, WITH

PLACE OF DEATH, 9648	STATE OF MARYLAND CERTIFICATE OF DEATH
VIIIage or City Droblyno C.	Registration Dist. No. [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL DERTIFICATE OF DEATH
Jemale White Single, MARRIED, WIDOWED, ORIVORGED (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
Month) (Day (Year) 7 AGE If LESS th	and that death occurred on the date stated above, at
**OCCUPATION - (a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in	I ING CAUSE OF DEATH'S Was as follows:
which employed (or employer) BIRTHPLACE (State or country) Mayland	Contributory Bun ch of meum and Secondary (Duration) yrs mos las.
10 NAME OF FATHER Caugust Brown 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Considerable the Head and the Mother Considerable the Head and the Mother Considerable the Mothe	(Signed) Will and Defention 19 ay 19. (Address) Country Bay 12. (Address) Country Bay 12. (Address) Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Jermany	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs. mos. ds.
(Informant) The above is true to the Best of My Knowledge	Where was disease contracted, if not at place of death? Former or usual residence
Filed Od 24 191 Chas H Brooke REGISTRAR If more blanks are needed, address State Re	20 UNDERTARES JULY JULY JULY JULY JULY JULY JULY JULY



[Approved by U. S. Census and American Public Health Association.]

#ssary to know (a) the kind of work and also (b) cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations gainfully employed, as At school or At home. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. material worked on may form part of the second (a) Spinner, it should be used only when needed. As examples: Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupamany occupations a single word or term on the If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, "Foreman," The (4)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucisis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic childbirth or miscarriage as "Puerperal septichacthenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origiu; "Canmia," "PUERPERAL peritonitis," etc. cause. mus," "Old Age," "Shock," "Uraemia," "Weakness," geuital," "Senilc," etc.), affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," State cause for Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVE O NOV 5 1914 BUREAU, V.S.

OCCUPATION HYSICIANS UNFADING certificate, ō Instructions DEAT OF mportant. Every

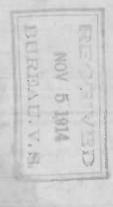
STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. fif death occurred in .Ward) a hospital or institution, give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. DATE OF DEATH MARRIED, WIDOWED, ORDIVORCED (Write the word) (Month) DATE OF BIRTH (Month) (Day 7 AGE It LESS than and that death occurred on the date stated above, 1 day,hrs. OR 7 SOCCUPATION (a) Trade, profession, or (b) General nature of Industry, business, or establishment in (Duratian) which employed (or employer) . BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF ILVURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER BLENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS, TRANSIENTS, OR RECENT 13 BIRTHPLACE At place OF MOTHER (State or country) Where was disease contracted. If not at place of death?... Former or usual residence DATE OF BURIAL 15 20 UNDERTAR REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various parsuits can be known. The question tiou is very important, so that the relative healthfulwho have no occupation whatever, write None, CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a defiuite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Physician, Compositor, Architect, Locomotive Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," engincer,

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unquallfied, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. Examples: FIENT DEATHS state MEANS OF INJURY and qualify as mus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Inmor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. "Heart failnre," "Haemorrhage," "lnanition," "Maras-"Collapse," "Coma," valvular heart discase; Chronic interstitial nephritis. ture of the American Medical Association.) canse of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) lnjnry, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aceidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichacgenital," "Senile," etc.), Bronchopucumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 (Recommendations on statement of may be stated under the head of "Convulsions," "Debility" ("Con-(secondary or intercurrent) "Dropsy," "Exhaustion, State cause for



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cupation at beginning of illness. If retired from busiever, write None. ness, that fact may be indicated thus: Farmer (retired, up on account of the DISEASE CAUSING DEATH, state ocmaid, etc. If the occupation has been changed or given in domestic service for wages, as Servant, Cook, Houseto report specifically the occupations of persons engaged ployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; an additional line is provided for the latter statement; sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of occupation is very important, so that the relative healthhousehold only (not paid Housekeepers who receive a Women at home, who are engaged in the duties of the Day laborer, Farm laborer, Laborer-Coal mine, "Dealer," etc., worked on may form part of the second statement. it should be used only when needed. As examples: (a) the nature of the business or industry, and therefore fulness of various pursuits can be known. The ques-Never return Civil engineer, Stationary fireman, etc. But in many (a) Foreman, (b) Automobile factory. The material Statement of Occupation.—Precise statement of For many occupations a single word or term on For persons who have no occupation whatwithout more precise specification, as "Laborer," "Foreman," "Manager," etc.

Statement of Cause of Death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite); Tuberculosis of lungs,

tory." as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contribuif impossible to determine definitely. Examples: Acci-VIOLENT DEATHS state MEANS OF INJURY and qualify as tained as the cause. Always qualify all diseases resultanition," "Marasmus," "Old age," "Shock," "Uræmia," "Exhaustion," "Heart Failure," "Hæmorrhage," "Inmatic), "Atrophy," "Collapse," "Coma," "Convulsions, ditions, such as "Asthenia," "Anzemia" merely symptocausing death), 29 ds.; Bronchopneumonia (secondary), tory (secondary or intercurrent) affection need not be bolic acid-probably suicide. The nature of the injury, Revolver wound of head-homicide; Poisoned by cardental drowning; Struck by railway train - accident; ACCIDENTAL, SUICIDAL, HOMICIDAL, or as probably such, for which surgical operation was undertaken. tichaemia," "PUERPERAL peritonitis," etc. State cause ing from childbirth or miscarriage, as "PUERPERAL sep-"Weakness," etc., when a definite disease can be ascer-"Debility" ("Congenital," "Senile," etc.), "Dropsy," IO ds. stated unless important. ease; Chronic interstitial nephritis, etc. The contribu-Measles; Whooping cough; Chronic valvular heart disavoid use of "Tumor" meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., Never report mere symptoms or terminal con-(name origin; "Cancer" is less definite; Example: Measles (disease for malignant neoplasms);

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death:

Abortion, Haemorrhage, Meningitis, Phlebitis, Cellulitis, Gangrene, Miscarriage, Pyaemia, Childbirth, Gastritis, Necrosis, Septicaemia, Convulsions, Erysipelas, Peritonitis, Tetanus,

The following must be referred to a Coroner:

Deaths due to accident (if criminal negligence possibly involved): Suicides, Homicides, Abortions (if induced), whether death is directly or indirectly due to the same.

	state s vefy
RECORD	PHYSICIANS should be of OCCUPATION
INK-THIS IS A PERMANENT	led. AGE should be stated EXACTLY. be properly classifled. Exact statement
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	-Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 21

Village or City Chaton (No	St.; Ward) [If death occurred la a hospital or Institution, give its NAME instead
FULL NAME Emory U	arfield of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4 COLOR OR RACE 5 SINGLE, MARRIED, Single OR DIVORCED (Write the word) 6 DATE OF BIRTH 1 1 1 1 1 1 1 1 1	16 DATE OF DEATH Oct. /3 , 1914 (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from /0 , 1914, to Oct. /3 , 1914, that I last saw h \(\text{Dr. alive on Oct. } \) Oct. /2 , 1914
7 AGE If LESS than 1 day,hrs. ORmin, ?	and that death occurred on the date stated above, at 8.30 a.m. The CAUSE OF DEATH* was as follows:
6 OCCUPATION (a) Trade, profession, or particular kind of work	ted listly Pneymonia
(b) Generat nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Elvaton, Q. Q. Co. Md. 10 NAME OF FATHER Claringe L. Warfield 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME) OF MOTHER OF MOTHER	Contributory EX haustin Secondary (Duration) (Duration) (Signed) (Duration) (Duration) (Duration) (Duration) (Duration) (Signed) (Signed
OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF WY KNOWLEDGE (Informant) Um. 19. Stinchcomb (Address) Millereirle Ma. 15 Filed Oct. 15 19H Thomas H. Brauha	At place of death? Former or usual residence. The place of death? Former or usual residence. The place of Burial or Removal of Burial (CC). The place of Burial or Removal of Burial (CC). The place of Burial or Removal of Burial (CC). The place of Burial or Removal of Burial (CC). The place of Burial or Removal of Burial (CC). The place of Burial or Removal or Removal (CC). The place of Burial or Removal (CC). The place of Burial or Removal (CC). The place of Burial (CC).
If more blanks are needed address State Positive	Urmstrong alenny Balto.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmor or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, If the occupation has As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-



ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., mia," "l'uerperal peritonitis," etc. State cause for thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asuant neoplasms); Measles; Whooping cough; Chronic "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Can-Accidental drowning; Struck by railway train—acci-"Heart failure," "Haemorrhage," "Inanition," "Marasis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from Measles (discase causing (Recommendations on statement of dcath), 29 ds.; "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essectial and must be obtained before the certificate is normaneatly filed.

the certificate is permanently filed.

BUREAU. V. S

V. S. No. 1.

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RECORD PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS

Every liem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.

1 PLACE OF DEATH

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STATE OF MARYLAND CERTIFICATE OF DEATH

County Chine Chinade	Registration Dist. No. 2
Village or City Cunnoville (No. Plate) 2FULL NAME Jordan Warren	St.; Ward) [If death occurred in a hospital or institution, give its MAME and of street and number]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the Word)	16 DATE OF DEATH Called S, 1914 (Month) (Day (Year) 17 I hereby Certify, That I attended deceased from
Month) (Day (Year)	that I last saw him alive on Color 1, 191 4
7 AGE 1 If LESS than 1 dayhrs. 0 R	and that death occurred on the date stated above, at 6.4VG.m. The CAUSE OF DEATH* was as follows: Calvular Heart Riolan P Mys.
8 OCCUPATION (a) Trade, profession, or particular kind of work.	Carlits -
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs mos os.
9 BIRTHPLACE (State or country) Manyland,	Gontributory Juliumany Claims Secondary (Duration) yrs mos / ds.
FATHER Moleurun	(Signed) ahear & Bronfunde # a
11 BIRTHPLACE OF FATHER (State or country) 12 Maiden Name OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from Violent
THE OF MOTHER WILLIAM	CAUSES, State (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) Muknywn	At place of death yrs mos ds. In the yrs mos ds
(Informant) Avaplar Records.	Where was disease contracted, If not at place of death? Former or usual residence. Charles Charles
(Address)	HOSPITAL OF REMOVAL DATE OF BURIAGE

20 UN SERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

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[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease duties of the household only (not paid Housekeepers statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. Civil engineer, Stationary freman, etc. But in many tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, (6)

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) : Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic scpsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: IENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the The contributory (Recommendations on statement of (secondary or intercurrent)



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING RESERVED FOR MARGIN No. 1.

V. S.

Village or City Brookhyn (No. 103, 12) 2 FULL NAME John 7. Max	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIEO, Married Widowed, ORDIVORCED (Write the word) 6 DATE OF BIRTH (Month) (Day) (Year)	16 DATE OF DEATH Of (Month) (Day), 1914 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 1914, to Off (1914), 1914, that I last saw harmalive on Off (1914)
TAGE If LESS than 1 day,hrs. ORmin.? Ca) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in	and that death occurred on the date stated above, at
which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 4 CONTROL OF MAINE 4 C	Contributory (Secondary) (Ouration) (Signed) (Signed)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos. ds. State yrs, mos. ds. Where was disease contracted, If not at place of death? Former or usual residence.
(Address) 03 Carroll St aalo ma	Furnace Branch address 20 UNDERTAKER ADDRESS Commission of Denny lo 715 Lagly of

[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ilishould be taken to report specifically the occupations been changed or given up on account of the pisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not pald Housekeepers "Manager," "Dealer," etc., without more precise speciwho receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal It should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, it is necmaterial worked on may form part of the second the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) Women at home, who are engaged in the

Statement of cause of death—Name, first, the disease causing death—In all extends the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

ture of the American Medical Association. cause of death approved by Committee on Nomencia-"Contributory." scpsis, tetanus) may he stated under the head of injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train-acol-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. State cause for childhirth or miscarriage, as "PUEBPEBAL septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senlle," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ampie: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronio interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Candeath), 29



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Every item of information should be carefully supplied. AGE ahould be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very	Important. See instructions on back of certificate.
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Village or City PERMANENT RECORD 2FULL NAM PERSONAL AND STATISTICAL PARTICULARS 3 SEX S SINGLE, 4 COLOR OR RACE MARRIED. WIDOWED. (Write the word) DATE OF BIRTH (Month (Day TAGE If LESS than UNFADING INK-THIS 1 dayhrs. mos. 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishmenf in which employed (or employer) -----9 BIRTHPLACE (State or country) 10 NAME OF FATHER WRITE PLAINLY, WITH ARENTS 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) (Address). 15 m REGISTRAR

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No.

St.;---Ward)

If death occurred in a hospital or lostitution. give its NAME lestead

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ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

(Year)

[Approved by U. S. Census and American Public Health Association.]

statement. material worked on may form part of the second cated thus: of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skuii, and consequences (e. g., such, if impossible to determine definitely. Examples: IENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae cause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medicai Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. affection need not be stated unless important. The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malls "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of



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pinoda OCCUPATION PHYSICIANS RECORD statement PERMANENT EXACTLY. classifled. pinous proper AGE Z supplied. pe UNFADING may certificate. carefully that 20 90 terms, pinous CO plain Instructions of Information -DEATH WRITE See Every Item mportant.

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STATE OF MARYLAND PLAGE OF DEATH CERTIFICATE OF DEATH County Registration Dist. No. Ili death occurred in St .:Ward) a hospital or institution, give its NAME instead of street and number.] MEDICAL CERTIFICATE OF PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE, 3 SEX 4 COLOR OR RACE MARRIEO. WIDOWEO, (Month) (Day) OROIVORCED I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Year) (Month) (Day) TAGE If LESS than and that death occurred on the date stated above, at 1 dayhrs. The CAUSE OF DEATH * was as follows: OR 7 BOCCUPATION (a) Frade, profession, or particular kind of Work (b) General nature of Industry, business, or establishment in which employed (or employer) Contributory. 9 BIRTHPLACE (Secondary) (State or country (Duration) 10 NAME OF FATHER ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER At place In the (State or country State yrs, ____ mos. ds. _____ yrs. mos, _ ds. Where was disease contracted. If not at place of death? usual residence 18 PLACE OF BURITL OR REMOVAL 15 20 UNDERTAKER If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No.

[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. The -(a) Spinner, cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illduties of the household only (not paid Housekcepers mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as statement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative Mealthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never (b) Cotton mill; (a) Salcsman, return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Lobar pheumonia; Bronchopheumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of dearn approved by Committee on Nomenciasepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purpersal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conwhich surgical operation was undertaken. thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (disease causing death), 29 __ (name origin; "Can-"Exhaustion," For vio-



N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING RESERVED FOR MARGIN V. S. No. 1.

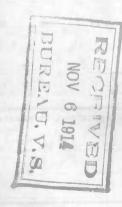
County A. G. Silva County Coun	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 2/ St.; Ward) [It death occurred in a hospital or institution.
FULL NAME James 90	give its NAME Instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Wedower or Divorced (Write the word)	16 DATE OF DEATH Q d 4 , 1914 (Year)
March 27, 1827 (Month) (Day (Year)	that I last saw here alive on Get \$,191 4
⁷ AGE 11 LESS than	and that death occurred on the date stated above, at 7 9 m.
87 was 10 may 7 to 37 min 2.	The CAUSE OF DEATH* was as follows:
**SOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry,	Caucer of Fife with metosto
business, or establishment in which employed (or employer) reluced	(Duration) yrs mos ds.
(State or country) amapolis Md	Secondary (Duration) yrs mos ds
10 NAME OF Elizah Wells	(Signed) (Signed) yrs mos ds.
11 BIRTHPLACE OF FATHER (State or country) Many laved 12 MAIDEN NAME OF MOTHER B	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
T 12 MAIDEN NAME OF MOTHER BO	TAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Mary land 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWN 5000	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs, mos ds. State yrs, mos ds
On PI	Where was disease contracted, If not at place of death?————————————————————————————————————
(Informant) Mes for Stormers	usual residence.
(Address) Simulate Md	St amus Cost Oct 6 1914
Filed Och 5, 1914 Amy Welch	20 UNDERTAKER ADDRESS as S. Jay ln. In appropriate of
If more blanks are needed, address State Regist	far 6 E. Franklin St., Valto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second duties of the household only (not paid Housekeepers who have no occupation whatever, write None. eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necbeen changed or given up on account of the disease Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

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PHYSICIANS should RECORD statement PERMANENT EXACTLY. Exact classified. THIS properly AGE supplied. pe UNFADING тау certificate. that 80 0 back terms, pinous uo. plain instructions informatio 2 P DEATH See of Item 9 Every Item CAUSE OF Important. m

9656STATE OF MARYLAND 1 BLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in Village or City St :----Ward) a hospital or institution, give Its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE, MARRIEO. WIDOWEO. (Month) (Day ORDIVORCED (Write the word) HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Year) (Month) (Day TAGE If LESS than and that death occurred on the date stated above, 1 dayhrs. OR 7 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment to (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory. Secondary 10 NAME OF FATHER 11 BIRTHPLACE (Address) Z OF FATHER (State or country) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. AREI 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death ____ yrs. ___ mos. ___ ds. State yrs. __ Where was disease contracted. THE ABOVE If not at place of death? ... Former or usual residence OF BURIAL OR REMOVAL DATE OF BURIAL (Address).....

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

ADDRESS

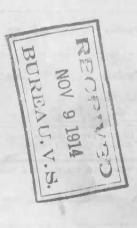
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[Approved by U. S. Census and American Public Health Association.]

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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. If death occurred in a hospital or institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE S SINGLE, DATE OF DEATH MARRIED. WIDOWED, (Month) (Day (Year) Write the word) DATE OF BIRTH (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at t day,....hrs. CAUSE OF DEATH* was as follows: ...min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employar) 9 BIRTHPLACE (State or country) Contributory 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country was disease contracted (Address) -----15

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

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INDERTAKE

[Approved by U. S. Censns and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal statement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," As examples: (₀)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberouctsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canscpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from ctc, when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably The contributory (secondary or intercurrent) (Recommendations on statement of State cause for

